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Educational psychologists' experiences regarding the inclusion of spirituality in therapeutic practice

by

Lesley King

Submitted in partial fulfilment in accordance with the

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in the subject

EDUCATIONAL PSYCHOLOGY

at the

UNIVERSITY OF PRETORIA

SUPERVISOR: DR. M. LOOTS

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I, LESLEY KING, student number 25061357, hereby declare that this mini-dissertation, "*Educational psychologists' experiences regarding the inclusion of spirituality in therapeutic practice,*" is submitted in accordance with the requirements for the Magister Educationis degree at University of Pretoria, is my own original work and has not previously been submitted to any other institution of higher learning. All sources cited or quoted in this research paper are indicated and acknowledged with a comprehensive list of references.

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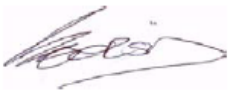

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Abstract

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The relationship between the fields of psychology and spirituality can best be described as contentious. A historical separation between these areas, which can be traced back to the thinking of Freud and Charcot has resulted in a lack of research concerning the relevance of spirituality within a mental healthcare framework and moreover has led to the exclusion of this practice as a component in many psychological training programmes. Recent research, however, illustrates a shift towards a greater acknowledgment of the role of spirituality in therapeutic contexts, both in the South African context and abroad. An exploratory, interpretive case study was undertaken in order to explore the experiences of a sample of educational psychologists (n=4) in the Gauteng area regarding this practice. Data sources comprised semi-structured interviews, documented in verbatim transcripts of audio recordings. Findings indicate that the approaches and attitudes of both spiritual educational psychologists and clients appear to influence the psychologists' utilisation of a multicultural approach. This multicultural approach seems to inform the framework, which may be represented by the Respectful model (D'Andrea & Daniels, 2001), within which these psychologists include spirituality in therapeutic practice with their spiritual clients. Findings regarding the practical application of the inclusion of spirituality in therapy suggest that the utilisation of theistic consent as well as the addition of spiritual themes and interventions may provide an effective framework regarding this practice. Both challenges and advantages tend to arise from the inclusion of spirituality in therapy. Challenges included countertransference, inner conflict arising from multiple roles and limitations in discussing spiritual issues. Various advantages were found pertaining to the client, the therapeutic relationship and the educational psychologist. Insights gained from the study may contribute towards the generation of ethically sound methods with which to address spiritual belief systems in therapeutic contexts and the establishment of the significance of spirituality as a component of a multicultural approach to psychological practice.

Keywords: spirituality, religion, educational psychology, psychology, therapy, inclusion, South Africa.

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Table of Contents

Declaration of Originality i
Acknowledgments v
Abstract vi
List of Figures xii
List of Tables xiii

Chapter 1 Overview and Rationale 2

1.1 Introduction 2
1.2 Problem statement 3
1.3 Purpose and rationale of the study 4
1.4 Concept clarification 5
1.4.1 Educational psychologist 5
1.4.2 Therapeutic practice 6
1.4.3 Experience 7
1.4.4 Spirituality 7
1.4.5 Spiritual educational psychologist 7
1.4.6 Spiritual client 8
1.4.7 Theistic informed consent 8
1.4.8 Religious ideologies and principles 8
1.4.9 Secular therapy and methods 8
1.4.10 Multiculturalism within a diverse South African context 9
1.4.11 Multiculturally sound practice 10
1.5 Theoretical framework 10
1.6 Research questions 11
1.6.1 Primary research question 11
1.6.2 Secondary research questions 11
1.7 Working assumptions 12
1.8 Overview of the research methodology and strategies 12
1.8.1 Epistemological paradigm: Interpretivism 12
1.8.2 Methodological paradigm: Qualitative research 12
1.8.3 Research design: Exploratory case study 13
1.8.4 Methodological choices 13
1.9 Ethical considerations 14
1.10 Quality criteria 15

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1.11 Chapter outline 15
1.12 Conclusion 16

Chapter 2 Literature Review 18

2.1 Introduction 18
2.2 Background to the schism between the fields of spirituality and psychology 18
2.3 New bridges between psychology and spirituality 19
2.4 Children and spirituality 21
2.5 Towards a definition of spirituality 22
2.6 Spirituality and culture 24
2.7 Research studies conducted within the context of spirituality and therapy 26
2.7.1 Spirituality and wellbeing 26
2.7.2 Spirituality as meaning-making 28
2.7.3 Spirituality as a component of training programmes 29
2.7.4 Perspectives on the inclusion of spirituality in therapeutic contexts 31
2.8 Potential challenges and ethical issues related to the inclusion of spirituality in therapy 32
2.9 Spirituality in therapeutic practice 34
2.9.1 Approaches and models regarding the inclusion of spirituality in therapy 35
2.9.2 A framework with which to understand the inclusion of spirituality in therapy: The Respectful model 39
2.9.2.1 Introduction to the Respectful model 39
2.9.2.2 The Respectful cube: An adaptation 40
2.9.2.3 The Respectful cube and spirituality 42
2.9.3 Effective methods and techniques in the inclusion of spirituality in therapy 43
2.10 Conclusion 45

Chapter 3 Methodology 48

3.1 Introduction 48
3.2 Paradigmatic perspectives 48
3.2.1 Epistemological paradigm 48
3.2.2 Methodological paradigm 50
3.3 Methodology 52
3.3.1 Research design 52
3.3.2 Research particulars 54
3.3.2.1 Participants and sampling 54
3.3.2.2. Setting and particulars of the participants 54

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3.3.3 Data sources 55
3.3.3.1 Semi-structured interviews 55
3.3.3.3 Research journal and field notes 57
3.3.4 Data analysis and interpretation 57
3.4 Quality criteria 59
3.5 Ethical considerations 61
3.6 Conclusion 62

Chapter 4 Results of the Study 64

4.1 Introduction 64
4.2 Results of the study 64
4.2.1 Theme 1: Beliefs and attitudes of the educational psychologists regarding the inclusion of spirituality in therapy 66
4.2.1.1 Subtheme 1.1: The value of understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice 68
4.2.1.2 Subtheme 1.2: The inclusion of spirituality as a component of educational psychology training programmes 70
4.2.2 Theme 2: The educational psychologists' practical utilisation of spirituality in therapeutic practice 71
4.2.2.1 Subtheme 2.1: The use of theistic consent in therapeutic practice 73
4.2.2.2 Subtheme 2.2: The use of spiritual themes and interventions in therapeutic practice 74
4.2.2.3 Subtheme 2.3: The role of the client in addressing spirituality in therapeutic practice 76
4.2.3 Theme 3: The educational psychologists experienced advantages related to the inclusion of spirituality in therapeutic practice 78
4.2.3.1 Subtheme 3.1: Advantages of including spirituality in therapeutic practice for the client 78
4.2.3.2 Subtheme 3.2: Advantages of including spirituality in therapeutic practice for the therapeutic relationship 79
4.2.3.3 Subtheme 3.3: Advantages of including spirituality in therapeutic practice for the educational psychologist 79
4.2.4 Theme 4: Some of the educational psychologists experienced challenges related to the inclusion of spirituality in therapeutic practice 80
4.2.4.1 Subtheme 4.1: Countertransference as an experienced challenge related to the inclusion of spirituality in therapeutic practice 81
4.2.4.2 Inner conflict arising from multiple roles as an experienced challenge related to the inclusion of spirituality in therapeutic practice 82
4.2.4.3 Subtheme 4.3: Limitations in discussing spiritual issues in therapy as an experienced challenge related to the inclusion of spirituality in therapeutic practice 84
4.3 Conclusion 85

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Chapter 5 Findings, Conclusions and Recommendations 87

5.1 Introduction 87
5.2 Revisiting my working assumptions 87
5.2.1 Assumption 1: Spirituality in a therapeutic situation should not be ignored if a holistic conceptualisation of the client, context and presenting problem is to be gained 87
5.2.2 Assumption 2: Including clients' spiritual beliefs in therapy could be beneficial to their general wellbeing 87
5.2.3 Assumption 3: Assumptions about the client are sometimes made by the psychologist based on his or her spiritual beliefs or religious affiliations, which could lead to issues of countertransference 88
5.2.4 Assumption 4: Both challenges and disadvantages exist in the integration of spirituality with therapy 88
5.2.5 Assumption 5: Psychologists who possess spiritual beliefs themselves are more likely to include spirituality in therapy with religious clients 88
5.3 Correlations between the research themes and research questions 88
5.4 Theme 1: Beliefs and attitudes of the educational psychologists regarding the inclusion of spirituality in therapy 89
5.4.1 Literature control: Positioning the results within the context of the existing literature 89
5.4.2 Response to research question 1: "What are the beliefs and attitudes of the educational psychologists regarding the inclusion of spirituality in therapeutic practice?" 93
5.5 Theme 2: The educational psychologists' practical utilisation of spirituality in therapeutic practice 94
5.5.1 Literature control: Positioning the results within the context of the existing literature 94
5.5.2 Response to research question 2: "In which ways do the educational psychologists practically utilise spirituality in therapeutic practice?" 98
5.6 Theme 3: The advantages related to the inclusion of spirituality in therapeutic practice 99
5.6.1 Literature control: Positioning the results within the context of the existing literature 99
5.6.2 Response to research question 3: "What are the advantages, if any, of including spirituality in therapy in the field of educational psychology?" 101

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5.7 Theme 4: Challenges related to the inclusion of spirituality in therapeutic practice 102
5.7.1 Literature control: Positioning the results within the context of the existing literature 102
5.7.2 Response to research question 4: "What are the challenges, if any, that the educational psychologists experience in including spirituality in therapy?" 105
5.8 Answering the primary research question: "What are South African educational psychologists' experiences regarding the inclusion of spirituality in therapeutic practice?" 106
5.9 Limitations of the study 111
5.9.1 Transferability 111
5.9.2 Representation of diversity 111
5.9.3 Nature of the participants 111
5.9.4 Role of the researcher 111
5.10 Recommendations 112
5.10.1 Recommendations for practice 112
5.10.2 Recommendations for training 112
5.10.3 Recommendations for further research 113
5.11 Contributions of the study 113
5.11.1 Theoretical contributions 113
5.11.2 Practical contributions 114
5.12 Concluding reflections 114

References 116

Appendices 124

Appendix A: Transcription of interview with Participant 1 1
Appendix B: Transcription of interview with Participant 2 5
Appendix C: Transcription of interview with Participant 3 8
Appendix D: Transcription of interview with Participant 4 11
Appendix E: Excerpts from my Research Journal 15
Appendix F: Summary of the themes, subthemes, codes and categories 18
Appendix G: Informed consent documentation 20

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List of Figures

Figure 2.1: Conceptualisation of the relationship between spirituality and religion (Swinton, 2001, p.38) 24
Figure 2.2: The meaning-making model (Park, 2013, p.41) 29
Figure 2.3: The five dimensions of the person (Swinton, 2001, p.36) 37
Figure 2.4: The Respectful cube (Ivey et al., 2002) 42
Figure 3.1: Steps in the data analysis and interpretation process 58
Figure 4.1: Themes and subthemes derived from the data 65
Figure 5.1: Graphic depiction of the findings within Theme 1 93
Figure 5.2: Graphic depiction of the findings within Theme 2 98
Figure 5.3: Graphic depiction of the findings within Theme 3 101
Figure 5.4: Graphic depiction of the findings within Theme 4 105
Figure 5.5: A depiction of the participants' experiences regarding the inclusion of spirituality in therapy 107
Figure 5.6: The Respectful cube (Ivey, et al., 2002). 110

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List of Tables

Table 1.1: Data collection and documentation methods 14
Table 3.1: Particulars of the participants 55
Table 3.2: Data collection and documentation methods 55
Table 4.1: Inclusion and exclusion criteria utilised for Theme 1 66
Table 4.2: Inclusion and exclusion criteria utilised for Theme 2 72
Table 4.3: Inclusion and exclusion criteria utilised for Theme 3 78
Table 4.4: Inclusion and exclusion criteria utilised for Theme 4 81
Table 5.1: Depiction of the relationship between the research questions and themes 89
Table 5.2: Comparison of the results from Theme 1 with the existing literature 90
Table 5.3: Comparison of the results from Theme 2 with the existing literature 95
Table 5.4: Comparison of the results from Theme 3 with the existing literature 100

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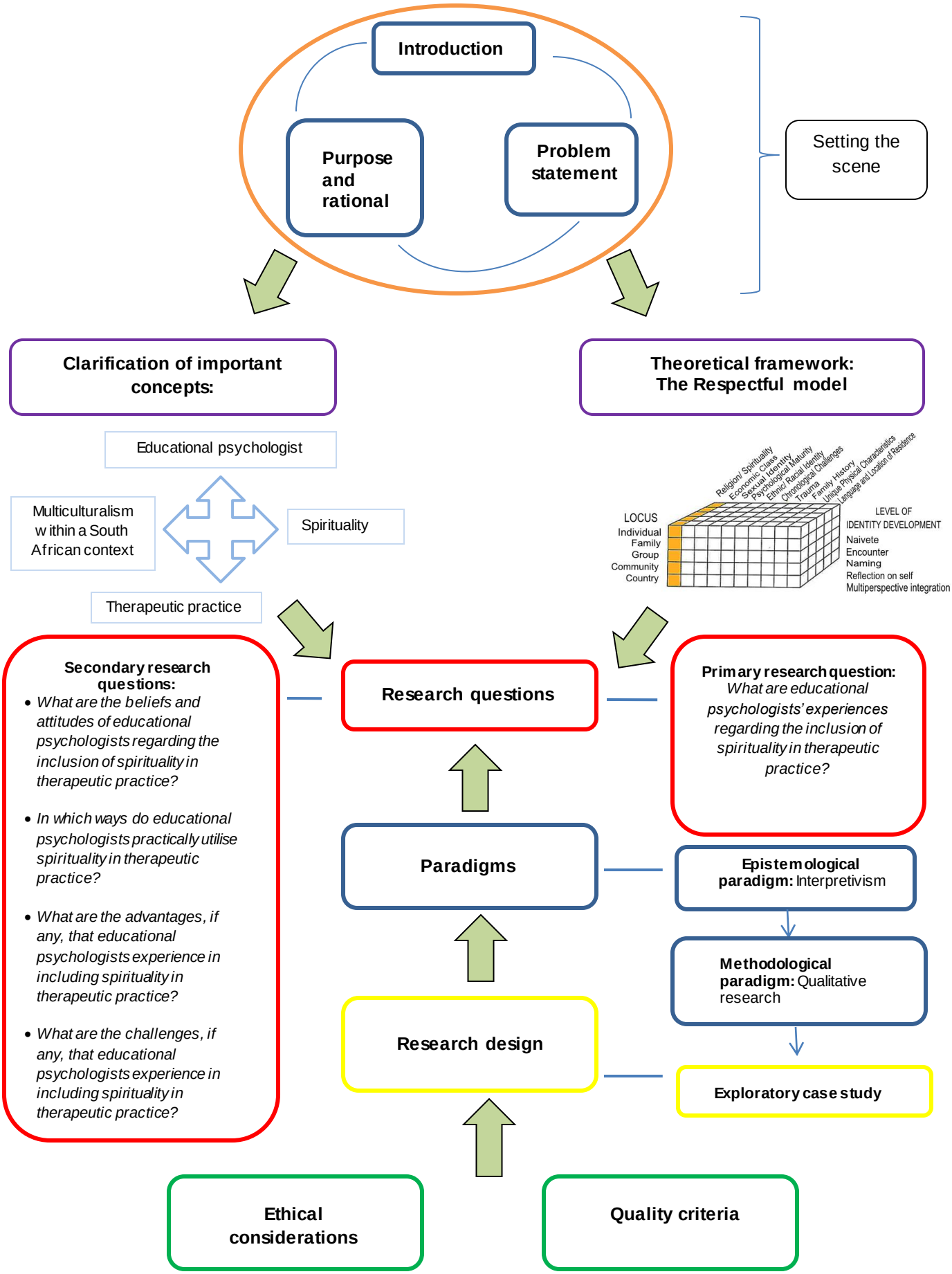
Conceptualisation of Chapter 1



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Chapter 1
Overview and Rationale

1.1 Introduction

The field of psychology emphasises the need for individuals to be viewed holistically, taking into account emotional, physical and spiritual facets, and as embedded in a specific context (Carr, 2006; Dein, Cook, Powell & Eagger, 2010; Koenig, 2012). This perspective is apparent in a number of different theories. The asset-based approach makes use of a broader perspective of the individual and his or her environment in order to identify and access potential assets and resources (Bouwer, 2011; Ebersöhn & Eloff, 2006). Bronfenbrenner's eco-systemic theory also emphasises the need to examine the various systems that both influence the individual and interact with other systems (Donald, Lazarus & Lolwana, 2010). Social psychological perspectives view the individual as part of a social system with which he or she identifies and which, in turn, influences his or her values and behaviours (Lun & Bond, 2013).

Spirituality can function as an important part of a person's context. It is a system by which meaning is attributed to experiences and therefore influences his or her worldview, values and behaviours (Park, 2013; Park & Edmondson, 2012). If one is to gain a holistic view of the client and determine an effective way forward in therapy, it is necessary to take into account belief systems, the role they play and how these beliefs may be utilised in therapy to the benefit of the client (Cragun & Friedlander, 2012). This points to the need for psychologists to address spiritual beliefs in therapy and suggests a shift away from viewing spirituality as an 'optional extra' (Dein et al., 2010, p. 64). Existing research has illustrated a positive relationship between spirituality and wellbeing (Aten & Hernandez, 2004; Cragun & Friedlander, 2012; Dein et al., 2010; Koenig, 2012) and also suggests a number of other benefits of the inclusion of spirituality in therapy, such as increased therapeutic efficacy with spiritual clients (Shumway & Waldo, 2012). However, Gonsiorek, Richards, Pargament and McMinn (2009) note that a number of possible ethical and scope of practice-related issues can arise in the integration of spirituality and therapy, particularly due to the sensitive nature of this area of functioning. This suggests the need for training in 'spiritual competency' as well as thorough knowledge and awareness of both one's own and the client's beliefs and values (Aten & Hernandez, 2004).

This shift towards a greater acknowledgement of the place of spirituality in therapeutic contexts holds particular relevance for the South African context. South Africans are

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undergoing 'multicultural identity development' in the wake of the restrictions of the apartheid era (Bakker & Edwards, 2001), and added to this are the multiplicity of different cultural, religious and ethnic groups existing within South Africa. These factors suggest the need for psychologists to have an awareness of their own background and beliefs as well as those of their clients (Bakker & Edwards, 2001). Additionally, much attention has been paid to the need to undertake multicultural counselling in order to cater to the diverse needs of clients seeking psychological services (LeBeauf, Smaby & Maddux, 2009).

1.2 Problem statement

After conducting a preliminary review of the existing literature, it became apparent that a historical separation has characterised the controversial relationship between spirituality and psychology and can be held responsible for the dearth of research conducted over the past century or so (Koenig, 2012). This contentious relationship has been dominated by views that the fields of spirituality and psychology are incompatible, as well as by further ethical and scope of practice and proficiency-related concerns (Gonsiorek et al., 2009). However, recent years have seen an acknowledgement of the significance of clients' belief systems, the necessity of the inclusion thereof in therapeutic settings, as well as investigations into possible connections between wellbeing and spirituality (Aten & Hernandez, 2004; Cragun & Friedlander, 2012; Dein et al., 2010; Koenig, 2012). Moreover, the American Psychological Association (APA) has suggested that psychologists take into account and demonstrate a respect for clients' religious views and must be trained to address these in therapy (Aten & Hernandez, 2004). The APA gives further examples of this recent interest in the area of spirituality. A surge in the publication of APA material, such as manuals and guides concerning spirituality and psychology has been noted, alongside the creation of APA-accredited training programmes with religious components, particularly on a doctoral level (Aten & Hernandez, 2004). The APA has also encouraged the establishment of working partnerships between psychological and religious professionals within organisations that work towards the integration of these two fields.

The recent move towards more multiculturally appropriate psychological practice and the subsequent creation of frameworks such as D'Andrea and Daniels' (2001) Respectful model provide further evidence of a reorientation to clients' diversity (LeBeauf et al., 2009). This reorientation towards culturally bound spirituality can also be seen in the diverse South African context, with an increased recognition of different belief systems (Bakker & Edwards, 2001; Janse van Rensburg, 2014; Statistics South Africa, 2004). Such shifts and trends within the field of psychology suggest a growing awareness of the need to review and readdress the inclusion of spirituality in therapy; however, the literature indicates that much research still

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needs to be undertaken in this area (Koenig, 2012; Park & Edmondson, 2012), an observation that can also be made of the South African situation (Janse van Rensburg, 2014; Patel & Shikongo, 2006).

1.3 Purpose and rationale of the study

The purpose of this study is to determine the experiences of a sample of educational psychologists in South Africa regarding spirituality in therapeutic practice. This includes their perspectives on the inclusion of spirituality in therapeutic settings as well as a focus on the possible advantages and challenges involved in addressing spirituality in therapy. The rationale of this study was founded in my own experiences and beliefs as an intern counsellor, as well as an existing gap in the literature in the area of spirituality and psychology (Aldwin, Park, Jeong & Nath, 2013; Aten & Hernandez, 2004; Koenig, 2012). As an educational psychologist in training, I have encountered religious clients and considered that it might prove helpful to include their beliefs during therapy, but have been unsure how to approach this. Recent research suggests that a large number of individuals hold some form of religious belief (Cragun & Friedlander, 2012).

It follows, therefore, that psychologists are likely to encounter religious clients during the course of their practice (Shumway & Waldo, 2012; Cragun & Friedlander, 2012). Studies have shown that psychologists are more likely to possess secular views (Cragun & Friedlander, 2012; Dein et al., 2010), which may point to a possible incongruity between psychologists' practices and the needs of clients. This may suggest the importance of equipping such professionals with the skills to address spirituality in therapy (Aten & Hernandez, 2004). Additionally, educational psychologists were selected as research participants for the purpose of this study due to my involvement as the researcher in the field of educational psychology as a student and educational psychologist in training. My interest in psychology and spirituality is therefore viewed through this lens of educational psychology and the focus of the study was thus moulded to include the views of such professionals.

A gap in the literature exists concerning the inclusion of spirituality in psychology (Koenig, 2012; Park & Edmondson, 2012), based on an apparent schism between the fields of science and spirituality. This split has resulted in hesitation on the part of researchers to explore the possible congruities between these areas, which has in turn given rise to a subsequent avoidance by psychologists to include clients' spirituality in therapy (Koenig, 2012). More recently, however, an increasing amount of research has been undertaken to examine the connection between spirituality and psychology (Koenig, 2012; Aten & Hernandez, 2004). Despite this recent surge in studies on the possible psychology/spirituality connection,

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however, little is known about the ways in which spirituality can be included in the therapeutic process and how this might influence the therapeutic goals as well as the nature of the therapeutic alliance (Aldwin et al., 2013).

Moreover, the results of the study may have relevance and applicability to the South African context. South Africa, as a country characterised by great diversity and multiculturalism, requires health professionals to possess an awareness of the different levels of functioning and influence of various spheres on clients' values and behaviours (Bakker & Edwards, 2001; Malan, 2011). In South Africa in particular, the most recent census containing a section relating to belief system categorisations (undertaken in 2001 and discontinued due to low prioritisation), identified 79.8% of the population as belonging to Christian denominations (ranging from Anglican and Methodist to African independent churches and Zionist congregations); 15% claimed to belong to no religious group; 1.5% and 1.2% claimed Islamic and Hindu religious affiliation respectively; 0.2% identified as Judaic in their belief systems; 0.3% claimed affiliation to African Traditional Religion; 1.4% claimed an undetermined religion; and 0.6% stated that they belonged to an 'other' religion (Statistics South Africa, 2004). Such diversity of belief systems among the South African population further emphasises the need to investigate the inclusion of spirituality in therapeutic practice. Frameworks such as the Respectful model (D'Andrea & Daniels, 2001) emphasise the need for psychologists to be aware of their own views (as informed by spirituality, socio-economic status and maturity, among other factors) and the way in which these may be similar to or different from those of their clients (LeBeauf et al., 2009). The aim of this study, therefore, is to discover the experiences of educational psychologists who use spirituality as part of their therapy, and the ways in which they do so, in the South African context in particular.

1.4 Concept clarification

For the purpose of this study, it is necessary to clarify a number of terms and concepts pertaining to the research questions utilised to guide the study. Such concepts include 'educational psychologist'; 'experience'; 'spirituality'; 'therapeutic practice' and 'multiculturalism within a diverse South African context'. By elucidating upon the implications of the terms specific to this study, I hope to further elaborate on the direction of the study and to explore the significance of these concepts, which were chosen as the central themes of the research questions and the study in general.

1.4.1 Educational psychologist

For the purposes of this study, the term 'educational psychologist' will draw its meaning from the South African Department of Health's Health Professions Act (no. 56) of 1974 (2011). This

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document defines the scope of practice for practitioners registered in the category of Educational Psychology and therefore assists in outlining the recommended role and functions of such professionals in the South African context.

The scope of practice for educational psychologists suggests that such practitioners are involved in various activities that are connected to the optimal functioning of individuals, specifically in the area of learning and development. This includes assessment, identification, diagnosis, creation of interventions, supervision of other professionals as well as the conducting of research and development of policies. The educational psychologist is concerned with the cognitive, emotional, personality and neuropsychological aspects of the individual and how these influence learning. Additionally, the educational psychologist is qualified to work with individuals, groups and organisations. Since the Health Professions Act effectively defines the framework in which the educational psychologist functions, this definition will be applied when referring to these professionals.

The scope of practice and functions of the educational psychologist can be related to both the field of education and various other disciplines in the field of psychology (such as transpersonal psychology) as can be seen in Roberts' (1974) discussion of transpersonal psychology. In this discussion, Roberts (1974, p. 192) cites the following statement by Robert Kantor: "since psychology is basic to education in the same way that biology is to medicine, a revolution in psychology usually foreshadows a revolution in education." Roberts (1974) describes the debut of the transpersonal discipline as an extension of the scope of psychology as a field that includes the examination of transcendental factors such as varying forms of consciousness and spiritual development. Roberts (1974) emphasises the relevance of this discipline to the field of education by referring to the application of this increased level of comprehensiveness to the study and conceptualisation of education (Roberts, 1974) and thus educational psychology. Contributions of this relatively new discipline to the field of education include an emphasis on the value of awareness of one's internal processes and states of consciousness in order to access higher-level reasoning skills in the development of creativity (Roberts, 1974). This conceptualisation allows an appreciation of the inherent connections that can be found in the relationship between education, transpersonal psychology and the educational psychologist.

1.4.2 Therapeutic practice

For the purpose of this study, this term will refer to the practice of educational psychologists as outlined by the scope of practice provided by the Health Professions Act (no. 56) of 1974 (2011). This refers to the role of the educational psychologist in the area of learning and development, particularly in terms of assessment, intervention and research, with an overall

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aim of assisting individuals, groups and organisations to achieve optimal functioning. Additionally, Egan (2014) describes the therapeutic process as directed by three goals: accessing and utilising resources; self-help and also prevention. He also refers to (among other factors) the importance of the therapeutic alliance between the client and the psychologist, dialogue and interventions (Egan, 2014). This definition provides the context against which the inclusion of spirituality with spiritual clients was examined.

1.4.3 Experience

For the purpose of this study, the term 'experience', as found in the title of this mini-dissertation, was adopted as term with which to refer broadly to the participants' attitudes, beliefs, perceptions as well as experiential knowledge. It was necessary to select a term that was inclusive of each level of investigation regarding the participants' relationships with the inclusion of spirituality in therapy and which was also in alignment with the research questions, which encompass the views as well as practical experiences of the educational psychologists.

1.4.4 Spirituality

Post and Wade (2009) comment on the complexities that exist in differentiating between spirituality and religion as constructs, noting they may be viewed as simultaneously singular and interconnected. The authors note that religion may represent an individual's association with both a particular religious group and its ideologies, while spirituality centres on a conceptualisation of a relationship with a higher power that does not necessarily rely on religious affiliation (Post & Wade, 2009). They elaborate further on this point by noting that individuals may identify as both religious and spiritual; religious rather than spiritual; spiritual rather than religious; and neither spiritual nor religious (Post & Wade, 2009).

Dein et al. (2010) refer to religion as social in its nature, considering the interpersonal gatherings and ceremonies that appear to define it, while spirituality can be described as more personal, relating to one's meaning of life and the role of a powerful higher being. Religion can thus be conceptualised as one of the many expressions of spirituality, and therefore an individual does not necessarily require a religious affiliation in order to identify as a 'spiritual' person (Dein et al., 2010). Since spirituality is considered a more inclusive term than religion and is used to refer to both concepts, it is utilised in this study to refer to both religious and spiritual aspects of belief systems.

1.4.5 Spiritual educational psychologist

For the purpose of this study, it was necessary to utilise the term 'spiritual educational psychologist' in order to distinguish those educational psychologists who are affiliated with a religion or religious group, or who describe themselves as possessing spiritual beliefs, from

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those who do not. This term is significant in the context of the study due to the direction taken in the sampling of the participants, who were selected on the basis of their diverse religious and /or spiritual characteristics. Thus, the data collected may have reflected differently had the sample included non-spiritual participants. It is therefore necessary to illuminate the nature of the participants, in this case 'spiritual educational psychologists', as those whose role and scope reflects that of the 'educational psychologist' as described in section 1.4.1, but who, in addition, describe themselves as spiritual or religious.

1.4.6 Spiritual client

A 'client' is referred to by the South African Department of Health's Health Professions Act (no. 56) of 1974 (2006, p.15) as "a user of psychological services, irrespective of whether the recipient of such services is an individual, a family, a group, an organisation or a community". In the context of the reported study, a 'spiritual client' represents an individual who in addition to the above description, identifies as a spiritual person. As discussed in section 1.4.4 in this chapter as well as section 2.5 in chapter 2, the term 'spirituality' was adopted to refer to both spirituality and religion as this term can be considered inclusive of spiritual beliefs without religious affiliation, while simultaneously allowing for involvement in religious activities as one of its functions (Swinton, 2001). A 'spiritual client' thus represents an individual who identifies as spiritual and/or religious and who takes part in therapy with an educational psychologist.

1.4.7 Theistic informed consent

'Theistic informed consent' describes the process referred to by Shumway and Waldo (2012) whereby the psychologist gains consent, which may be formal or informal in nature, from a client regarding the entering into of discussion regarding the client's spirituality in therapy. This occurs at the outset of therapy. This term is discussed in greater detail in section 2.9.1 in chapter 2.

1.4.8 Religious ideologies and principles

For the purpose of the reported study, 'religious ideologies and principles' refer to the traditions, perspectives, rituals and values that characterise a particular religion and which are conveyed through religious activities (Koenig, 2012). These ideas and principles can influence the way in which psychological issues are viewed, discussed and addressed by those who are affiliated to a particular religion (Park, 2010).

1.4.9 Secular therapy and methods

The phrase 'secular therapy and methods' refers, against the context of this study, to any therapeutic approaches or techniques used by a psychologist which do not include spirituality

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in any of their facets. It was necessary, within this study, to distinguish between therapy that is inclusive of spirituality and that which is not. The use of the term 'secular' was valuable in terms of simplifying this differentiation in the discussion of the nature of various types of therapy, which can be seen in section 2.9.3 in the next chapter.

1.4.10 Multiculturalism within a diverse South African context

Egan (2014) notes that culture tends to serve as a lens through which individuals view the world around them, thus colouring their perceptions of others on a frequently unconscious level. Such a lens, informed by each individual's unique frame of reference, may produce prejudices and biases through interactions with those whose background differs to those of the individual (Egan, 2014). Such diversity of perspectives may be found in a multicultural society. On this topic, Malan (2011) observes that numerous terms and explanations exist to define the concept of multiculturalism. However, a multicultural society can be said to be representative of a broad diversity of characteristics including ethnicity, language, spirituality and culture, amongst others (Malan, 2011). In response to such diversity, Egan (2014) recommends that knowledge of the self be developed in order to understand how factors such as differing cultural perspectives may influence a psychologist's ability to understand a client and his or her presenting problem.

The South African context is characterised by a diversity of cultures, ethnic groups and forms of spirituality (Bakker & Edwards, 2001), often referred to, as McEwen and Steyn (2013, p. 1) express it, the 'Rainbow Nation'. Moreover, South Africans are largely influenced by sociopolitical factors resulting from the segregation and inequality stemming from the apartheid era (McEwen & Steyn, 2013). The focus on the post-apartheid period can be described as centring on efforts to redress the inequality and disparity that has affected previously disadvantaged groups in South Africa (McEwen & Steyn, 2013). However, Freund (2010, p. 12) states that "post-apartheid South African cities may not live up to the dream of a rainbow nation, nor are they marked by reduced levels of economic and social differentiation." Interestingly, Tamarkin (2011, p. 148), in his study of the Lemba population and their struggles for ethnic and cultural recognition, illustrates that such 'nonrecognition' as well as 'racialisation of religion' of certain groups not only has its roots in the apartheid era, but has continued into the current period of freedom and democracy. It is within this uncertain cultural and sociopolitical context that this study was undertaken and with particular cognisance of the consideration of spirituality as a significant representation of diversity within a multicultural society (Lebeauf et al., 2009).

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1.4.11 Multiculturally sound practice

'Multiculturally sound practice' takes its meaning in this context from Smaby and Maddux's (2010) discussion of multiculturalism and multicultural counselling. Multicultural counselling refers to therapy that occurs between a psychologist and client who possess differing characteristics, such as ethnicity, gender or socio-economic background (Smaby & Maddux, 2010). Multiculturalism as a movement seeks to equip psychologists with the skills necessary to be effective in therapeutic contexts with those who are different to them. At its core, this refers to the acknowledgement of one's own characteristics and the ways in which these might interact with those of a client's in therapy – regardless of whether these factors are similar or different (Smaby & Maddux, 2010). This awareness can help to prevent the psychologist from making assumptions about the client based on these characteristics, but also to encourage the psychologist to include aspects of the client's diversity in the discussion and conceptualisation of the presenting issue (Smaby & Maddux, 2010). Thus, 'multiculturally sound practice' refers to therapy that is inclusive of the diverse factors that characterise a client, on both a theoretical and conceptual level.

1.5 Theoretical framework

The model selected for use in this study is the Respectful model (D'Andrea & Daniels, 2001). This model provides a perspective – founded in the acknowledged need for respectful relationships and multicultural counselling – that can be useful in viewing both the psychologist and the client as well as the therapeutic interactions that may ensue. According to D'Andrea and Daniels (2001), the model is based on two significant assumptions. The first identifies the primary objective of therapy as the support of individuals' growth and development as it pertains to their various spheres of functioning. The second emphasises this development as multifaceted and inclusive of aspects such as culture, race and gender; and moreover, influenced by the psychologist's own background and characteristics.

The Respectful model is therefore a tool which may enable the psychologist to examine his or her own culture, language and gender, amongst other factors, and identify situations where these might conflict with those of a client, or shape the conceptualisation of the client and present a problem in some way (LeBeauf et al., 2009). The areas of focus for analysis include economic class; sexual identity; psychological maturity; race/ethnic identity; chronological challenges; trauma; family history; unique physical characteristics; language and location; and, most relevant to this study, the aspect of spirituality. The Respectful model (D'Andrea & Daniels, 2001) is informed by the recent shift towards the provision of multicultural counselling, and underpinned by the need to both recognise and appreciate diversity in others (LeBeauf et al., 2009).

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More specific to this study, the Respectful model (D'Andrea & Daniels, 2001) acknowledges the significance of individuals' spirituality and the influence of such factors on psychological wellbeing in ways that may be positive or negative. Thus, the model includes the possible religious and spiritual components of both the psychologist's and the client's existence, and also requires the psychologist to be cognisant of the ways in which this aspect may influence the therapeutic process. The Respectful model (D'Andrea & Daniels, 2001) therefore grounds the inclusion of spirituality in therapy in a multicultural framework that is particularly relevant to the South African context. For the purpose of this study, the adapted form of the model, which is represented in the form of a cube, is used. This adapted form depicts the level of participation (locus) of the psychologist as well as the degree of multicultural awareness, or level of cultural identity development achieved. This aspect of the model refers to the psychologist's awareness of his or her own demographics and characteristics and the ways in which these might interact with those of a client's in therapy (Ivey, D'Andrea, Ivey & Simek-Morgan, 2002). This model will be discussed further in Chapter two.

1.6 Research questions

This section comprises the research questions, both primary and secondary, that were selected to guide the research process.

1.6.1 Primary research question

The primary research question which guided the investigation is as follows:

What are educational psychologists' experiences regarding the inclusion of spirituality in therapeutic practice?

1.6.2 Secondary research questions

The following secondary research questions were applied to investigate the primary research question:

- *What are the beliefs and attitudes of educational psychologists regarding the inclusion of spirituality in therapeutic practice?*
- *In which ways do educational psychologists practically utilise spirituality in therapeutic practice?*
- *What are the advantages, if any, that educational psychologists gain in including spirituality in therapeutic practice?*
- *What are the challenges, if any, that educational psychologists experience in including spirituality in therapeutic practice?*

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1.7 Working assumptions

The following working assumptions served both to provide the foundation for and direction to the study. They are outlined in this section in order to clarify the working assumptions made by the researcher.

- Spirituality in a therapeutic situation should not be ignored if a holistic conceptualisation of the client, context and presenting problem is to be gained.
- Including clients' spiritual beliefs in therapy could be beneficial to them in terms of the achievement of their general wellbeing.
- Assumptions about the client are sometimes made by the psychologist based on his or her spiritual beliefs or religious affiliations, which could lead to instances of countertransference.
- There are both challenges and disadvantages in the integration of spirituality with therapy.
- Psychologists who themselves have spiritual beliefs are more likely to include spirituality in therapy with religious clients.

1.8 Overview of the research methodology and strategies

The interpretivist paradigm was selected as the researcher's perspective in relation to the various components of the study. With this in mind, the qualitative research paradigm was considered most appropriate in determining methodological choices. An exploratory case study was then selected in order to most effectively answer the research question. These choices will be further expounded in Chapter three.

1.8.1 Epistemological paradigm: Interpretivism

Interpretivism can be described as a philosophy in which reality is experienced and therefore constructed in unique and differing ways by different people, leading to the belief that a multitude of realities and perspectives are considered acceptable and valuable from a research point of view (Morgan & Sklar, 2012). This paradigm is particularly relevant to the study as it considers individuals' experiences of reality to be informed and influenced by aspects of the social context, for example "language, consciousness and shared meanings" (Nieuwenhuis, 2007a, p. 59), all of which will become the focus in understanding educational psychologists' experiences of the integration of spirituality in therapeutic practice.

1.8.2 Methodological paradigm: Qualitative research

Qualitative inquiry seeks to acquire comprehensive information based on individuals or groups, and as such, researchers undertaking this type of research do not seek to generalise

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this data to the larger population but rather to understand the meaning-making processes used by individuals and the ways in which they experience certain phenomena (Merriam & Tisdell, 2016). These points are particularly applicable to the study since it seeks to understand the views of a small sample of participants (educational psychologists) regarding the integration of spirituality and therapy, without an emphasis on applying the information gained to the broader population of psychologists. Furthermore, the emphasis on subjective experiences of phenomena and subsequent multiple realities that provide the focus of much of qualitative inquiry (as mentioned by Merriam & Tisdell, 2016) correspond to the aim of the study, which is to understand the various meanings attributed to spirituality in therapy by the participant group.

1.8.3 Research design: Exploratory case study

Baxter and Jack (2008) refer to this type of research design as an investigation of a phenomenon or practice of which the precise conclusions cannot necessarily be clearly and simply delineated at the outset of the study. A case study seeks to provide in-depth insight into participants' experiences as well as the influence of the context in which these individuals function. An exploratory case study was employed in the investigation to understand the phenomenon in its naturally occurring environment, namely the views of educational psychologists in the greater Gauteng area on the inclusion of spirituality in therapeutic practice (Yin, 2003). The research design can be termed a single case study due to its focus on the experiences of one group of participants without comparisons with other groups (Baxter & Jack, 2008).

1.8.4 Methodological choices

Sampling: The case used for the purpose of the study, namely a group of four educational psychologists in the Gauteng area, was selected through the use of convenience sampling, for reasons of distance and practicality. Cohen, Manion and Morrison (2007) refer to convenience sampling as a process undertaken due to the accessibility of the case. Each participant was selected on the basis of their use of spirituality in therapy; therefore criterion sampling was employed for this purpose. Nieuwenhuis (2007b) describes this type of sampling as useful in the selection of participants whose possession of certain characteristics determines their relevance to the study. In this case study, the main criterion for the selection of participants was the integration of spirituality with therapy in their own practice as educational psychologists, ensuring that those selected would have the requisite experience and perspectives relevant to the study. In order to make certain that this was the case, the participants' inclusion of spirituality was determined before an invitation to participate was offered.

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Data collection and documentation strategies: Individual semi-structured interviews were used for data collection. Table 1.1 depicts these methods.

Table 1.1: Data collection and documentation methods

Data collection techniques	Data documentation techniques
Semi-structured individual interviews	Audio and video-recorded verbatim transcripts

Individual semi-structured interviews were used for data collection in the study. Cohen et al. (2007) maintain that interviews, as a data collection technique, allow for the view that knowledge is socially constructed through individuals' interactions rather than positioned objectively apart from the individual. They provide a platform for the accounting and recounting of multiple events, experiences, beliefs and perspectives that define an interpretivist view of reality (Morgan & Sklar, 2012). In addition, a research journal was used throughout the undertaking of the study to document my own experience as a researcher during the research process. Cohen et al. (2007) suggest that a research journal should include reflective notes on the observations recorded and the way in which these were described; the choices made regarding data collection and analysis; the documentation of ethical matters and any issues that may arise; and the researcher's own analysis of personal reactions, perspectives and emotions. The authors also suggest that a research journal should contain daily events and planning (Cohen et al., 2007). A research journal was used to reflect on such matters and to create awareness thereof.

Data analysis and interpretation: Thematic analysis was used for the study. Nieuwenhuis (2007b) notes the value of thematic analysis in deriving themes and patterns within specific content, with a view to drawing comparisons between data and theory. Specifically, inductive analysis was undertaken as themes were deduced as the data was analysed and coded (Nieuwenhuis, 2007b). A number of steps were taken during the data analysis process, namely verbatim transcription of the interviews; identification of codes and categories (inductive coding); and the categorisation of the content into both major themes and subthemes. Once these steps had been completed, evidence was used to substantiate the identified themes, member checking was done to eliminate bias on the part of the researcher, and the emerging meaning was represented (Nieuwenhuis, 2007b).

1.9 Ethical considerations

Lewis (2003) discusses a number of considerations necessary in the undertaking of ethically sound research. The following points were included in the ethical decisions made, taking into consideration the nature of the study: the participants' informed consent was obtained and the

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confidentiality, anonymity and right to privacy were assured. Protection from harm and voluntary participation were included in the ethical decisions made. Finally, it was ensured that the data collection and analysis methods, as well as the reporting of the findings, were undertaken in an ethically sound manner. These choices will be discussed further in Chapter three.

1.10 Quality criteria

In order to combat potential quality-related challenges, measures were undertaken to ensure the trustworthiness of the data. Di Fabio and Maree (2012) state that trustworthiness can be maintained by giving attention to four constructs relating to data collection and analysis, namely credibility, transferability, dependability and confirmability. Seale (1999) adds a further construct for quality assurance in qualitative research, namely authenticity. These criteria were taken into consideration in the undertaking of the study and will be discussed in chapter 3.

1.11 Chapter outline

This section provides an indication of the contents of this dissertation.

Chapter 1: Overview and rationale. Chapter 1 provides an outline, purpose, rationale and problem statement for the study. The primary and secondary research questions are outlined, and important concepts clarified. Additionally, the paradigmatic and methodological choices made with regard to the study are briefly discussed. The conceptual framework influencing the agenda of the study is also highlighted in order to further introduce the study.

Chapter 2: Literature review. This chapter places the current study into context regarding the existing literature on the inclusion of spirituality in therapy. The relationship between the fields of spirituality and psychology is explored, and various studies are examined to shed light on the relationship between health and wellbeing; the use of spirituality in meaning-making; the degree to which spirituality forms part of psychological training programmes; and the perspectives of various students and practitioners regarding the inclusion of spirituality in therapy. The chapter goes on to explore the possible pitfalls inherent in this practice, followed by models, frameworks and practical techniques by which spirituality may be included in the therapeutic context.

Chapter 3: Research methodology. Chapter 3 discusses the paradigmatic and methodological directions chosen for the study. Each choice is discussed and justified against the context of the study. The choices include participants and research instruments, collection and analysis of data, and ethical and quality criteria.

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Chapter 4: Results of the study. This chapter is devoted to the themes, subthemes and categories that arose from the study.

Chapter 5: Findings, conclusions and recommendations. The final chapter serves to connect the preceding chapters and areas of the study. In order to do so, the research questions are answered and contextualised according to the existing literature. Next, the limitations and possible contributions of the study as foreseen by the researcher are argued, as well as recommendations for further study and directions for research.

1.12 Conclusion

This chapter provided an outline of the study through the introduction of the rationale, purpose, problem statement, the research questions and important concepts, and briefly discussed the methodology. Also included were the conceptual framework underpinning the research, relevant ethical considerations and quality criteria. With these particulars having been established, the following chapter examines and investigates various aspects relating to the inclusion of spirituality in therapy, such as the historical and current nature of the relationship between spirituality and psychology, as well as perspectives on the inclusion of spirituality in therapy, and the possible challenges and effective techniques relating to this practice.

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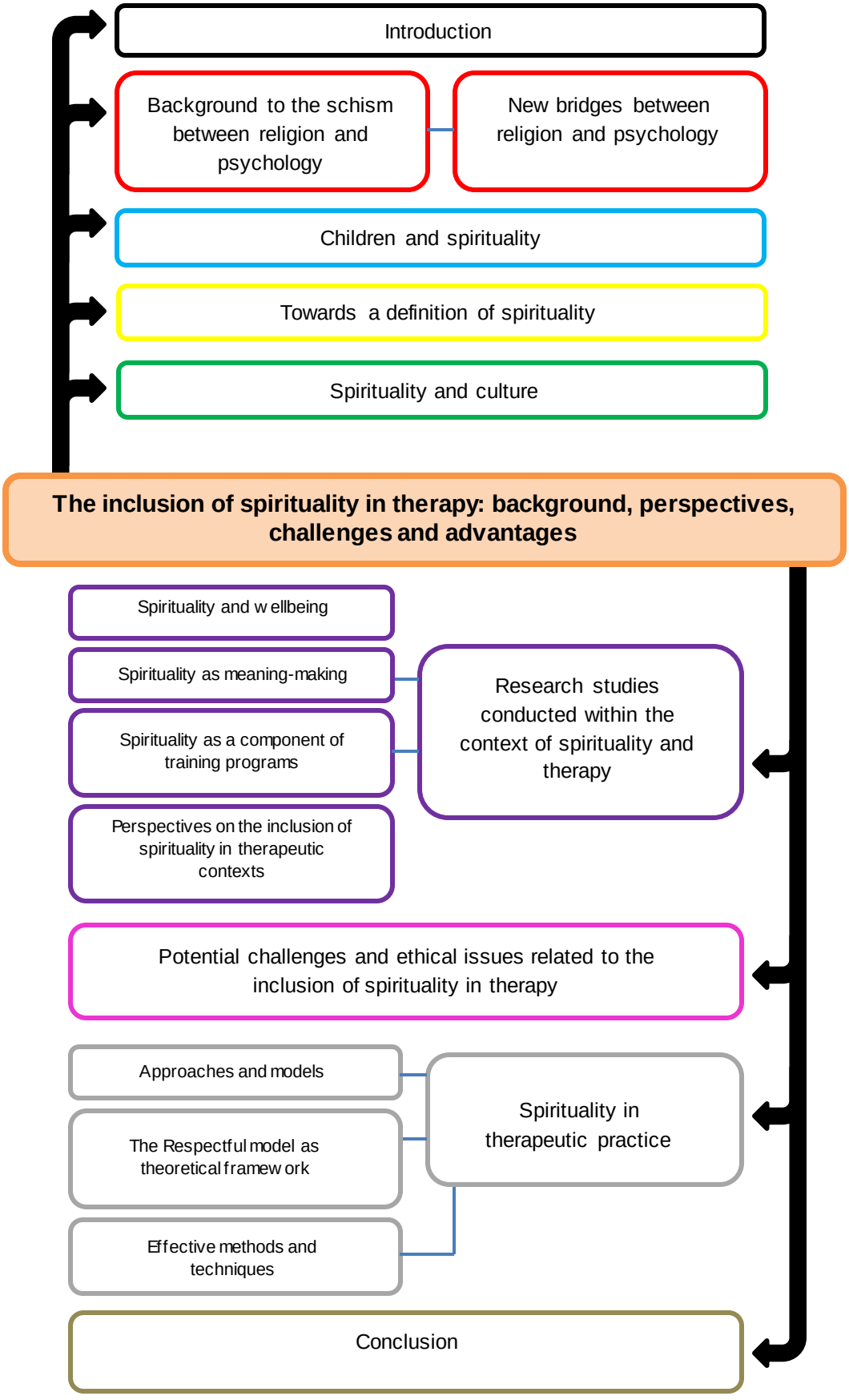
Conceptualisation of Chapter 2



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Chapter 2
Literature Review

2.1 Introduction

This review will serve to investigate the various perspectives regarding the inclusion of spirituality in therapy which occur in the literature, through data proffered by a number of studies and papers concerning this topic. In order to do so, I will begin by exploring potential historical and contextual factors to which psychology's prevailing attitude regarding spirituality can be attributed. This will be followed by an illustration of the current situation and the ways in which possible connections between the fields of psychology (and particularly educational psychology) and spirituality are gaining recognition; as well as an exploration of the significance of spirituality for children. The definition and use of the term 'spirituality' is discussed before presenting an exposition of a number of studies relating to spirituality and psychology. This research will be presented in order to examine the connection between wellbeing and spirituality; the value of spirituality as a form of meaning-making; the current situation regarding spirituality and training facilities; as well as the results of studies centring on attitudes towards the inclusion of spirituality in therapeutic contexts. In order to further examine the research topic, the review will turn to the documented concerns and challenges relating to this practice, after which the various frameworks, models and techniques suggested in the effective and ethical inclusion of spirituality in therapy will be discussed.

2.2 Background to the schism between the fields of spirituality and psychology

Historically, the relationship between the fields of spirituality and mental health has been characterised by much conflict and incompatibility (Koenig, 2012). During the nineteenth century, Jean Charcot and later Sigmund Freud began a tradition in thinking grounded in the view of spirituality and psychiatry as incongruous and incompatible. This conceptualisation can be further attributed to the reductionist trend that emerged from Darwin's theory of evolution, giving rise to a discounting of all but biological foundations and explanations of human experience (Schermer, 2004). This train of thought resulted in an apparent disregard of spirituality on the part of practitioners as well as the conceptualisation of spiritual beliefs as pathological, and also led to a subsequent reluctance to undertake research on ways in which spirituality might relate to mental health (Koenig, 2012).

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Rosmarin, Green, Pirutinsky and McKay (2013) note a similar tendency in the very nature of cognitivist and behaviourist traditions, observing that spirituality is either discounted or regarded as irrational or neurotic in nature. This has subsequently had an effect on the views inherent in cognitive-behavioural therapy, which is considered 'a decisively secular enterprise' (Rosmarin et al., 2013, p. 425). Greene, Abernethy and Reid (2004) add that while psychologists may be hesitant to address spirituality with clients due to the view of spirituality-centred discussions as taboo, this reluctance can also be attributed to prejudiced attitudes towards different religious perspectives. Recently, however, more research has focused on the connections between these two fields, although much of this literature is isolated and scattered across numerous disciplines, and very little material appears to concern the practical integration of these areas in therapeutic settings (Greene et al., 2004; Koenig, 2012).

2.3 New bridges between psychology and spirituality

Although a gap exists in the literature concerning spirituality, psychology and wellbeing, recent years have seen some escalation in the amount of research undertaken to address spirituality in therapy (Aldwin et al., 2013; Aten & Hernandez, 2004). Helminiak (2010, p.47) substantiates this increase, noting that "in response to the legitimate ethical requirements of respect and openness regarding clients' religious worldviews, the trend is to make God an essential component in psychological theory." Similarly, Aten and Hernandez (2004) have documented a move in the field of psychology towards an awareness and acceptance of spirituality and the subsequent need for psychologists to receive training in addressing this area in practice. In the same vein, Belzen (2004) notes an increase in the number of journals dedicated to the field of the psychology of religion, such as the *International Journal for the Psychology of Religion*, while Post (2010) cites the publication of spiritually-oriented interventions relating to sexual abuse and eating disorders as an indication of a recent shift toward the use of spiritual interventions in therapy, in addition to the use of more direct therapeutic methods such as prayer and scripture reading.

The American Psychological Association (APA), providing further evidence of this shift, has suggested that psychologists take into account and demonstrate respect for clients' religious views and should therefore be trained to address these in therapy (Aten & Hernandez, 2004). Other examples include a surge in the publication of APA material concerning spirituality and psychology; the creation of APA-accredited training programmes with religious components; an increase in the working partnerships between psychological and religious professionals; and a greater variety of texts and literature providing a dual focus on spirituality and psychology (Aten & Hernandez, 2004; Belzen, 2004). This phenomenon can also be evidenced in Helminiak's observation of a recent trend in which authors of theistic psychological matter "explicitly call for

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a psychological treatment of spirituality centred on theism." (2010, p. 51). Further evidence of a certain degree of recognition regarding the need to address spirituality in the field of psychology exists in the APA's acknowledgement of the significance of spirituality as a form of diversity through its inclusion in the ethical principles and code of conduct of psychologists, as well as the addition of various religious and spiritual issues in the DSM-IV-TR (Tisdale, 2003, cited in Patel & Shikongo, 2006).

Moreover, it has become acceptable for 'secular' journals to comprise matter of a spiritual nature, for example the inclusion of topics that examine spirituality, psychotherapy and wellbeing. However, Belzen (2004) observes that much psychological research appears to focus largely on pathways between spirituality and health, due to societal interest and current priorities, rather than on the examination of spirituality. Belzen (2004, p. 194), in his discussion regarding the scarcity of research and subsequent data surrounding possible connections between the fields of psychology and spirituality, comments, "… it is puzzling that so few psychologists of religion write directly and thoroughly on explicit religious or spiritual themes like prayer, visions, stigmata, exorcism, celibacy, tantrism, faith healing, etc. … Why is there so little academic psychological literature on religious transformation, on loving God, on martyrdom, on spiritual development? And if there is, why is it mostly produced by people who are no psychologists, but who have their training in fields like psychiatry or religious studies?"

Aten and Hernandez (2004, p. 152) provide further evidence of the need for increased research into spirituality and therapy, observing that over the course of their practice, psychologists are expected to come across clients with some form of spiritual belief and that many of these clients would like their beliefs as well as 'religious values, practices and themes' to be addressed in therapy (Rosmarin et al., 2013). It is likely that such clients will not only seek guidance from psychologists who share their beliefs, but also from secular psychologists (Cragun & Friedlander, 2012). Dein et al. (2010) add that research demonstrates that many psychological and psychiatric professionals hold secular beliefs, suggesting that non-religious practitioners may at some point be required to incorporate clients' spirituality into their therapeutic practice. Psychologists who address spirituality in practice are viewed as more skilled by clients with spiritual beliefs; conversely, such clients are often viewed by psychologists in a more negative light and spirituality appears to be regarded by psychologists as unimportant in therapy (Aten & Hernandez, 2004; Dein et al., 2010). Moreover, research shows that the inclusion of spirituality in therapy can have a positive effect on mental and physical health (Aten & Hernandez, 2004; Cragun & Friedlander, 2012; Dein et al., 2010; Koenig, 2012).

The abovementioned research conducted by Aten and Hernandez (2004), Cragun and Friedlander (2012) and Dein et al. (2010) is particularly applicable in the South African context:

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Bakker and Edwards (2001) as well as Malan (2011) note that the diversity within South Africa suggests that psychologists will come into contact with clients whose background, set of demographics and particular belief system differs from their own. This observation is further compounded by the recent emphasis on multiculturalism and an accommodation of diversity, of which spirituality is a component, within the field of psychology (LeBeau et al., 2009). Additionally, Dein et al. (2010) advise that it is essential for psychologists to possess an awareness of the influence of culture and spirituality on clients' wellbeing and coping abilities. The authors further recommend that religious beliefs be viewed by psychologists as assets that can be mobilised to benefit the client (Dein et al., 2010). Helminiak (2010) adds to this recommendation, arguing the need to address spirituality in therapy by making explicit the connection between an individual's belief system, his or her perspective, frame of reference and self-identity, and in turn the way in which such an individual achieves wellbeing.

It is interesting to note that in the African context, spirituality has been considered a significant aspect to include in practice, at least in the field of psychiatry (Janse van Rensburg, 2014). South African discourse is beginning to include more explicit content and awareness of this characteristic, as is perhaps necessary against such a diverse background (Bakker & Edwards, 2001; Janse van Rensburg, 2014; Statistics South Africa, 2004). Janse van Rensburg, Myburgh, Szabo and Poggenpoel (2013) offer the introduction of the Traditional Health Practitioner's Act (no. 35) of 2004 as evidence of a move towards the recognition of both the significance of African religious systems and the role of culturally bound spirituality and belief systems within the mental health sector. While significant development is required in the fields of research and training (Janse van Rensburg, 2014; Patel & Shikongo, 2006), the South African context appears to have a heightened level of awareness of the place of spirituality in mental healthcare (Janse van Rensburg et al., 2013).

2.4 Children and spirituality

This study investigated the experiences of educational psychologists regarding the inclusion of spirituality in therapeutic contexts. Bearing in mind that the field and scope of practice of such professionals (as outlined by the Department of Health's Health Professions Act (no.56) of 1974 (2011)) lies in the provision of psychological services to children and youths, it seems necessary to understand the role of spirituality in the lives and daily functioning and development of children. Cobb (2005, p. 1) states that "it is clear that spiritual formation, like cognitive and moral formation, begins early in life". The childhood years are identified as a significant period in which the foundations of spiritual habits and beliefs can become solidified. Taking into account the requirement of psychologists to include all aspects of the client's life in their assessment,

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conceptualisation and therapy planning (Carr, 2006), it follows that the same principles should be applied to psychological work with children.

Sifers, Jackson and Warren (2012) highlight the need to investigate the role of spirituality in the wellbeing and development of children in a study conducted to determine the effectiveness of the Youth Spirituality Scale in evaluating spirituality in young children. The authors aimed to understand the efficacy of such a measure across a diversity of cultures and forms of spirituality with a view to the identification of belief systems in youths as a protective resource or asset that could subsequently be accessed. While the measure proved to be both valid and reliable, the authors note that spirituality, although often overlooked in young children, can serve a multitude of purposes such as providing a coping mechanism in adversity; as a frame of meaning-making; as a source of hope, faith and motivation in life; offering a way in which to construct identity; and through initiating moral development and the practice of discipline (Sifers et al., 2012). The role of and benefits to children of the possession of a spiritual belief system cannot be overlooked and therefore require attention by those working closely with the wellbeing of children in the field of educational psychology.

With substantial data justifying the need for the inclusion of spirituality in therapy, this review will further examine the perspectives of various mental health practitioners and clients towards the integration of spirituality with therapy and the numerous means by which this phenomenon can be conceptualised. Possible benefits and challenges associated with this area of psychology will be discussed, as well as interventions and basic guidelines that have proved effective in the integration of spiritual beliefs with psychological practice.

2.5 Towards a definition of spirituality

In investigating psychologists' perspectives as well as scrutinising the available literature regarding the inclusion of spirituality in therapeutic practice, it is necessary to define the term 'spirituality' and to further differentiate between the constructs of spirituality and religion. Post and Wade (2009) highlight the complications inherent in the definition of spirituality and religion, namely that these constructs are generally accepted as separate and yet intersect in many ways. Religion is conceptualised as an association with a particular religious group and its principles, whereas spirituality is viewed in terms of a relationship with a higher power that is not necessarily dependent on religiosity (Post & Wade, 2009). The authors further illustrate this complexity by noting that individuals can be viewed as both religious and spiritual, religious rather than spiritual, spiritual rather than religious, and neither spiritual nor religious (Post & Wade, 2009).

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Koenig (2012) defines spirituality and religion in a way that differentiates these constructs yet states that, as they are characterised by more similarities than disparities, both terms can be used to encompass religious or spiritual beliefs. Religion is defined as a physical manifestation of religious beliefs, involving traditions and rituals associated with the affiliated religious system, whereas spirituality is defined as a search for meaning that is related to religion. As these concepts overlap, Koenig (2012) uses them interchangeably.

Aldwin et al. (2013) differentiate between the two terms by describing religion as referring to external aspects including the participation in religious activities such as attending church or belonging to a religious group, while spirituality is defined as more internal: a perceived intimacy and relationship with a higher power, for example involving activities such meditation. Moreover, both Aldwin et al. (2013) and Casey (2009) distinguish between the two constructs in terms of the differing ways in which each affects individuals' wellbeing. Religiosity affects the regulation of health behaviours, while spirituality tends to influence the emotional regulation of physiological processes. Religiousness has a positive effect on maintaining healthy habits while spirituality, and the coping skills it involves, influences negative arousal and the reduction of inflammation in the body. Casey (2009) argues that spirituality and religion must be assessed separately due to these differing pathways and in order to define groups according to their association with religion, spirituality, or both. Aldwin et al. (2013), however, conclude that the two constructs are viewed as complementary as each intersects with the other.

Dein et al. (2010) refer to religion as social in its nature, taking into consideration the interpersonal gatherings and ceremonies that define it. Spirituality is viewed as more personal and relating to one's meaning of life and the role of a powerful higher being. The authors note that religion can be viewed as one of the many expressions of spirituality and that one does not necessarily require a religious affiliation in order to identify as a 'spiritual' person (Dein et al., 2010). Thus spirituality is perceived as a more encompassing term than religion and is used to refer to both concepts. As the term 'spirituality' is more inclusive than 'religion', it is used in this study to refer to both religious and spiritual aspects of belief systems. Swinton (2001) shares and further illustrates this conceptualisation, which can be seen in Figure 2.1.

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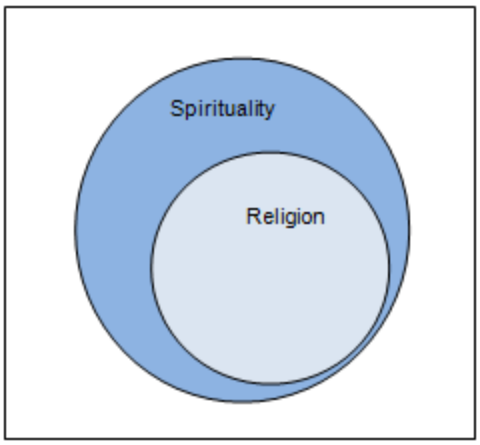

Figure 2.1: Conceptualisation of the relationship between spirituality and religion (Swinton, 2001, p.38)

2.6 Spirituality and culture

The nature of the reported study and the conceptual choices undertaken necessitates a discussion concerning the relationship between spirituality and culture particularly with regard to diversity. Daniels and Fitzpatrick (2013, p. 315) describe spirituality as an 'interdependent facet of culture' in the sense that one tends to inform the other. The authors refer to the historic tendency of Western models of psychological practice to exclude issues of culture in favour of traditional medical perspective regarding the conceptualisation and treatment of psychological issues. However, for other cultures, such as the Aboriginals, Asians and Latin Americans, spirituality forms a significant part of their cultural views, identity and experience (Daniels & Fitzpatrick, 2013).

As western countries have become increasingly culturally diverse, the Western perspective has proven inadequate in addressing the role of spirituality not only in terms of clients' wellbeing, but in relation to the way it influences the 'expression and treatment of mental illness' (Daniels & Fitzpatrick, 2013, p. 317). While spirituality has increasingly been recognised as a component of multicultural therapy due to its relationship with wellbeing as well as the personal significance it holds for many individuals, Daniels and Fitzpatrick (2013) note that at present, multicultural efforts in mental healthcare have proved to exclusively emphasise race and ethnicity and that they require expansion to include spirituality.

The connection between spirituality (as it refers, in this study, to both religious affiliation and spirituality) and culture, however, requires greater elaboration. Lavric and Flere (2008) illustrate the complex nature of the relationship between religious affiliation and culture in their study investigating the connection between wellbeing and certain types of religious orientation (of which spirituality can be viewed as a component). It was found that the cultural and religious

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context tended to determine the nature and level of influence of the type of religious affiliation on wellbeing.

Sasaki and Kim (2011, p.401) also refer to the interrelated nature of religion, spirituality and culture, stating, 'Just as religion has played a role in the development of cultures through traditions and ideologies, culture may act as a frame through which religion is made meaningful'. The authors note that religion and spirituality can be described as a form of cultural expression, providing a way in which to organise religious practices, an idea which is echoed by Eckersley (2007). Conversely, spiritual beliefs and religious activities occur against a cultural context which may influence the interpretation of and meaning derived from them (Sasaki & Kim, 2011). Culture and spirituality can therefore be viewed as interrelated in ways that are often complex, yet clearly apparent in the literature (Daniels & Fitzpatrick, 2013; Eckersley, 2007; Lavric & Flere, 2008; Sasaki & Kim, 2011).

For the purpose of the reported study, spirituality was situated within a framework of cultural diversity, as opposed to broader diversity. It might be argued that spirituality can be more accurately described as a characteristic of diversity: as a relationship with a higher power from which one can derive meaning and direction person (Dein et al., 2010; Park & Edmondson, 2012). However, it was necessary, for the purpose of this study, to conceptualise the practice of the inclusion of spirituality in therapy as a function of multicultural psychological practice. This decision was undertaken on the basis of two significant factors: first, the nature of the topic under investigation and second, the background against which the study took place.

As referred to previously, the inclusion of spirituality in therapeutic contexts is a considerably under-researched area that is underrepresented in educational programs (Belzen, 2004; Costa et al., 2010; Koenig, 2012; Park & Edmondson, 2012; Rosmarin et al., 2013). It therefore seemed useful to ground this practice in a framework such as the Respectful Model (D'Andrea & Daniels, 2001), which presented a structure which would accommodate both psychology and spirituality. The relevance of this choice of model increased against the face of the current South African context, characterised as it is by great diversity (McEwen & Steyn, 2013).

Within this model, spirituality, along with other factors such as language, ethnicity and socioeconomic status, represent the diversity which may characterise an individual, referred to as 'multicultural and diversity issues' (Smaby and Maddux, 2010, p. 167) and which also characterise the diverse South African population (McEwen & Steyn, 2013). Thus, while it is recognised that spirituality serves as a function of diversity, for the purpose of this study, and for the purpose of understanding the potential of the inclusion of spirituality in therapy to complement psychological knowledge and practice both theoretically and conceptually, spirituality was viewed from the perspective of cultural diversity. From this stance, it became

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necessary to explore multiculturalism as a broader context for the study of the inclusion of spirituality in therapy. This perspective is echoed by Daniels and Fitzpatrick (2013), who suggest, as discussed above, that spirituality form a part of a multicultural approach to therapy.

Spirituality is therefore framed against the context of multiculturalism and the aim of this movement to increase cultural awareness in psychological practice (Smaby & Maddux, 2010). Thus it could be said that while spirituality is an expression of diversity, in the context of multiculturalism and the development of a framework to guide multicultural practice, spirituality can be framed as a function of cultural diversity, in that the acknowledgement of cultural diversity represents one of the goals of multicultural practice. Spirituality represents one of the functions of diversity which may be encountered in multicultural therapy and therefore, for the purposes of this study, will be viewed as an expression of cultural diversity.

2.7 Research studies conducted within the context of spirituality and therapy

This section comprises studies undertaken to investigate various aspects relating to spirituality and psychology in order to portray the directions that such research has taken in recent years. Studies and data that have been included address the pathways between spirituality and health and wellbeing; the role of spirituality in meaning-making; the current state of psychological training programmes regarding the inclusion of spirituality (both in South Africa and abroad); as well as a sample of perspectives belonging to diverse groups relating to the inclusion of spirituality in therapeutic contexts.

2.7.1 Spirituality and wellbeing

According to Aldwin et al. (2013), a large body of research has established that a positive connection exists between spirituality and both physical and emotional health; however, the mechanisms involved in these pathways are unclear. The authors state that a small number of models exist to explain these connections but fail to account for the multiplicity of variables and relationships involved (Aldwin et al., 2013). Lun and Bond (2013) concur with the notion that spirituality can have a positive influence on individuals' health and wellbeing; however they mention that some evidence suggests that this is not always the case. This discrepancy may be caused by the role played by the individual's environment in such investigations, as well as the particular assessments used to determine levels of wellbeing and spirituality (Lun & Bond, 2013).

Lun and Bond (2013) observe that the studies undertaken to determine the positive connection between spirituality and wellbeing have been largely limited by the use of a restricted selection of both cultural groups and measures of spirituality in connection with perceived wellbeing.

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Cultural context specifically has been identified as significant in either strengthening or weakening individuals' spiritual beliefs. The authors illustrate that a nation's culture may support an individual's beliefs or remain hostile to particular belief systems, thereby wielding significant influence regarding the person's life satisfaction as determined by his or her beliefs and affiliations. Psychological measures have also been proven to influence the perceived relationship between wellbeing and spirituality by obscuring these factors and the connections between them (Lun & Bond, 2013). This research has possible implications for the practice of psychologists in the inclusion of spirituality in therapeutic settings, particularly in the use of assessment tools and methods of conceptualisation.

Lun and Bond's (2013) research is grounded in the social psychological perspective. According to this model, individuals' spirituality can be conceptualised in terms of particular values, beliefs and behaviours. Religion specifically is viewed as the individual's identification with a particular social group (Lun & Bond, 2013). The study found conflicting evidence regarding the effect of religion on wellbeing: a positive relationship was found between wellbeing (specifically life satisfaction and happiness) and spirituality where the predominant cultural context supported the individuals' beliefs, and a negative correlation was discovered between conflicting spirituality and culture (Lun & Bond, 2013). Interestingly, a stronger negative correlation between spirituality and wellbeing was found where the cultural context displayed extreme hostility towards individuals' spirituality (Lun & Bond, 2013). The study also showed that life satisfaction and happiness are positively connected with only spiritual values and beliefs, whereas 'the less tangible 'sacred' aspect of religious experience, such as the value of God (or the gods), may not be as relevant in the prediction of emotional experiences, such as happiness or negative affect" (Lun & Bond, 2013, p. 313). This indicates the need for the inclusion of constructs that are more clearly and minutely defined within assessments of spirituality and wellbeing (Lun & Bond, 2013).

In their study, Aldwin et al. (2013) construct a framework with which to examine spirituality and religiosity in relation to health and self-regulation, based on Sapolsky's model. Within this framework it is proposed that religiosity affects the regulation of health behaviours, while spirituality influences the emotional regulation of physiological processes. Moreover, both of these processes are self-regulated. Religiousness has a positive effect on maintaining healthy habits, whereas spirituality (and the coping skills it involves) influences negative arousal and the reduction of inflammation in the body (Aldwin et al., 2013). It was found that the proposed model accurately illustrates the different pathways between spirituality, religion and wellbeing, but that self-regulation may not always mediate these connections. The data suggests that varying forms of social support may facilitate these in some cases (Aldwin et al., 2013).

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2.7.2 Spirituality as meaning-making

Dein et al. (2010) and Park and Edmondson (2012) use the meaning-making model (see Figure 2.2 below) as a framework with which to examine spirituality. This model states that meaning can be global (in terms of a universal organisation of experiences) or situational (based on particular experiences). Distress is caused when the individual's global beliefs and situational experiences do not match up, resulting in a need to address this incongruity through meaning-making. Interestingly, the meaning-making model is particularly applicable in situations where illness or stressful events occur, as evidenced by the bottom row of figures. Once the stressor has been identified, the individual makes an appraisal of the effects of this stressor on his or her life. The degree of discrepancy between the results of the appraisal and the individual's global beliefs in turn influences the level of distress experienced by the person. Making meaning of a stressful event or illness is necessary in adjusting to such an event or experience, and requires the individual to combine his or her appraisal and global beliefs in order to reduce the incongruity between them.

Research suggests that individuals require a system with which to make meaning of the events in their lives (Park & Edmondson, 2012), and that spirituality is often used in such a way. Park and Edmondson (2012) discuss meaning-making in terms of individuals' sense that something 'feels right' in assigning meaning to events and experiences. Spirituality can function as a system of global beliefs against which this 'feeling' is experienced. As a system of meaning-making, spirituality influences areas such as initial evaluations, coping, shifts in meaning and the positive effects of stressful occurrences (Park & Edmondson, 2012). These findings echo Dein et al.'s (2010) and Koenig's (2012) emphases on the significance of including spirituality in gaining a complex and holistic impression on which to base therapeutic goals.

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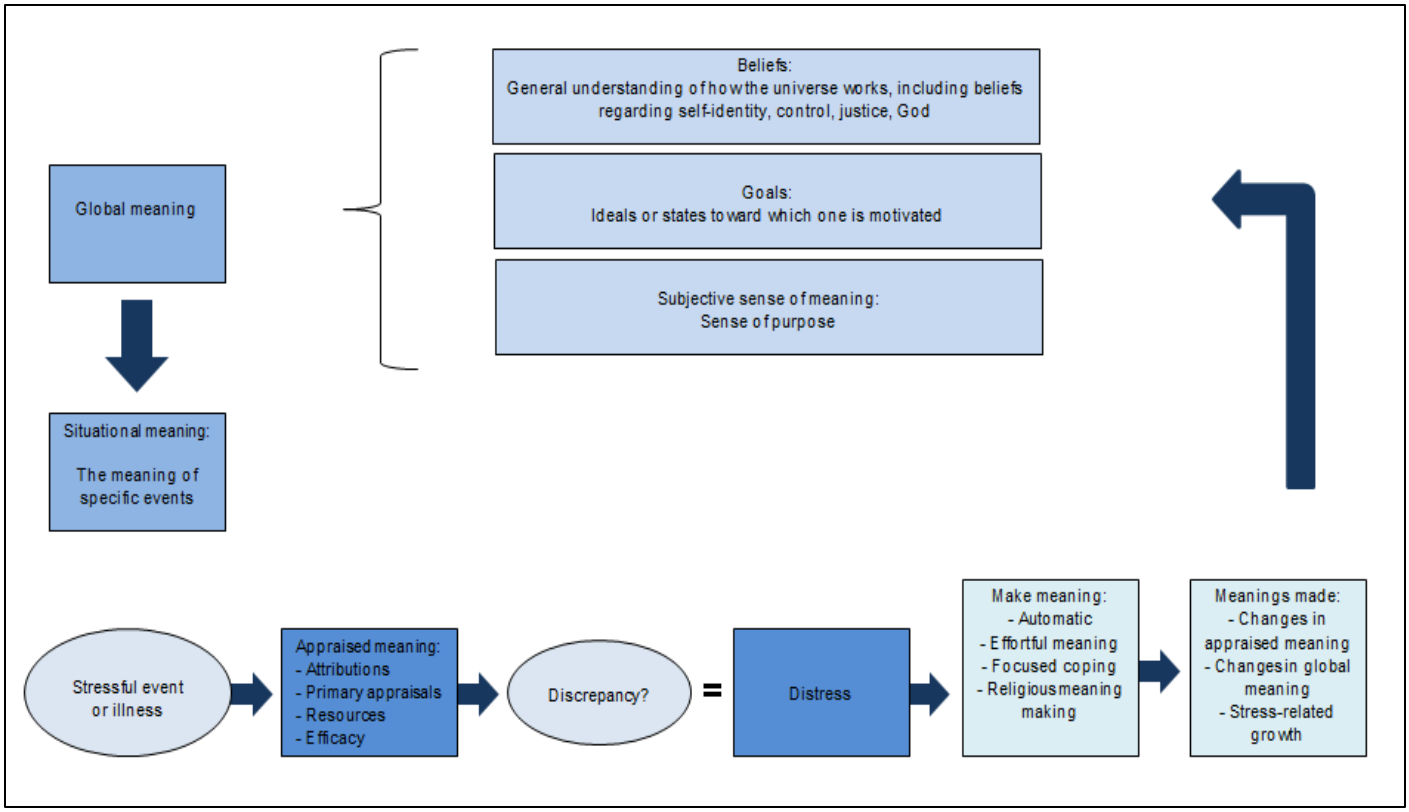

Figure 2.2: The meaning-making model

(Park, 2013, p.41)

2.7.3 Spirituality as a component of training programmes

Despite numerous studies (Aldwin et al., 2013; Aten & Hernandez, 2004; Cragun & Friedlander, 2012; Dein et al., 2010; Koenig, 2012; Lun & Bond, 2013; Park & Edmondson, 2012; Rosmarin et al., 2013), indicating the benefits (and indeed necessity) of the inclusion of spirituality in therapy with those possessing spiritual beliefs or religious affiliations, the current situation is that the training of student psychologists in this area appears to be lacking. Cragun and Friedlander's (2012) study points to a lack of clarity regarding the ways in which secular psychologists should address spiritual beliefs with religious clients as well as the factors influencing clients' experiences of the inclusion of spirituality, or lack thereof, in therapy. This seems to be perpetuated by a scarcity of relevant theoretical frameworks and the accompanying constructs that can be employed in the examination and definition of religiosity and spirituality (Aldwin et al., 2013).

Rosmarin et al. (2013) conducted a study of practitioners affiliated to the Association for Behavioural and Cognitive Therapies (ABCT) based in the USA in order to determine their views on the inclusion of spirituality in therapy. They discovered that a large majority of participants had received little or no training in this area. Where participants had strong spiritual or religious affiliations, higher levels of comfort in addressing spiritual beliefs were reported, as well as views

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relating this practice to higher levels of wellbeing. The authors note, importantly, that these results are influenced by the presence of prior training and that this signifies the possible value of training in this area in order to improve proficiency, despite the individual psychologist's spiritual beliefs and preferences (Rosmarin et al., 2013).

The data (Aldwin et al., 2013; Cragun & Friedlander, 2012; Rosmarin et al., 2013) has potential application in the examination of the current training of mental health professionals in South Africa, as do the results of the work conducted by Costa, Nogueira and Freire (2010). Costa et al.'s (2010) Brazilian study aimed to determine the extent to which tertiary institutions, if any, in that country include religious or spiritual components in their psychology training programmes. It was found that only a small percentage (2.9%) of institutions include spiritual/religious components in their programmes and curricula. The authors note that, whereas in countries such as America and Canada, research pertaining to psychology and spirituality is gaining momentum, the same cannot be said for Brazil, an observation that is ironic as Brazil can be said to have a strong religious tradition (Costa et al., 2010). The same observation might be made of South Africa, having as it does a great diversity of religious and spiritual beliefs while lacking specific guidelines for the creation of partnerships between religious and mental health practitioners (Janse van Rensburg, Poggenpoel, Szabo & Myburgh, 2014; Statistics South Africa, 2004). Such relationships might produce guidelines for the establishment or adjustment of training programmes and institutions in South Africa (Janse van Rensburg et al., 2014).

Belzen (2004) notes a similar scarcity of training of psychological professionals in spiritual and religious matters, and observes a resulting troubling lack of professionalism in the handling of such issues in therapy. The assumption of such knowledge and expertise when it is actually lacking can result in issues of transference and countertransference in the therapeutic context, which further emphasises the need for the inclusion and implementation of such training components in institutions (Belzen, 2004). Also relevant is Patel and Shikongo's (2006) interview of a sample of Muslim Psychology students completing their Masters degrees at a South African university regarding their views on spirituality and therapy. The authors note that while there have been some developments in the USA regarding the training of psychologists in the inclusion of spirituality in therapy, these have largely been in the area of Christianity and that no such advances can be seen that cater to Muslim practitioners (Patel & Shikongo, 2006). The data (Belzen, 2004; Costa et al., 2010; Rosmarin et al., 2013) pertaining to the inadequacy of training programmes regarding the inclusion of spirituality in therapy indicates the necessity for expanding such programmes in this area.

One study, however, conducted by Schafer, Handal, Brawer and Ubinger (2011), in which they compared the developments over seven years at a university in the USA, provided somewhat

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different results. The authors specifically examined the Clinical Psychology department's training programme for evidence of greater inclusion of spiritual components. It was found that the department had made steps to actively include this area in the supervision of their students in some research studies, and also through academic programmes that were either expanded to address spiritual components or were created solely for education in this area (Schafer et. al., 2011). This data illustrates the feasibility of such a move in tertiary training institutions.

Russel and Yarhouse (2006), in their examination of the way forward for educational institutions regarding the training of psychologists in spiritually oriented proficiency, suggest various ways in which spirituality and religion may be addressed in training programmes. The authors recommend the initiation of supervised discussions on spirituality and spiritual issues as well as the inclusion of spiritual components in training as part of a broader multicultural framework, and the incorporation of spiritual materials in training (Russel & Yarhouse, 2006). Furthermore, they suggest the inclusion of trends in the integration of spirituality in practice within training components in the field of psychology, and advise tertiary level educators to consult with professionals with experience in the area of spirituality and psychology, as well as the creation of relationships with individuals belonging to religious institutions. Greene et al. (2004) add that "in terms of spirituality, there is a particular need for psychologists to be challenged to consider the spirituality of clients, of the group as a whole, and how to create space for such considerations" (Greene et al., 2004, p. 91). Such data indicates possible application in South African training institutions and suggest a number of avenues through which to approach the inclusion of spirituality as a component of the training of psychologists.

2.7.4 Perspectives on the inclusion of spirituality in therapeutic contexts

Patel and Shikongo (2006), in their study of the views of Muslim South African Psychology students, discovered that the participants considered the inclusion of clients' spirituality as necessary in conceptualising their issues and possible paths to wellbeing. More specifically, the study examined the beliefs and attitudes of educational psychologists regarding the inclusion of spirituality in therapy, their practical utilisation of spirituality in such contexts, as well as the advantages and challenges (if any) they experience related to this practice. Spirituality was considered a significant aspect of the client's functioning and therefore necessary in gaining insight into the client and the presenting problem, as well as in determining the way in which spirituality informs and influences the client's world view. The participating students viewed 'spiritual failure' (p.101) as a possible cause of the deterioration of mental health and wellbeing. Significantly, Patel and Shikongo (2006) cite Hathaway, Scott and Garver's contrasting view that spiritual issues may have an influence on psychological wellbeing. Both interpretations serve to cement the pathways between spirituality and wellbeing. With regard to practical applications, it

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was found that the students had a desire to include spirituality in practice but were hindered by a lack of training in the area.

In their study of the perspectives of psychologists pertaining to the inclusion of spirituality in therapy, Rosmarin et al. (2013) found that although a majority of participant psychologists had some form of spiritual beliefs, the sample was less representative of the US population in terms of "religious affiliation, belief in God, religious practice, and intrinsic religiosity" (Rosmarin et al., 2013, p. 424). A substantial percentage of the participants felt uneasy about including spirituality in therapy, while a lesser percentage stated that they rarely or never did so in practice. Rosmarin et al. (2013) found that a large majority of participants had received little or no training in this area. Where participants had strong spiritual or religious affiliations, higher levels of comfort in addressing spiritual beliefs were reported, as well as views relating this practice to higher levels of wellbeing. The authors note, importantly, that these results are influenced by prior training and that this signifies the possible value of training in this area in order to improve proficiency, despite the individual psychologist's spiritual beliefs and preferences (Rosmarin et al., 2013).

Similarly, in their investigation into the perspectives of Psychology doctoral students in the USA regarding the inclusion of spirituality in therapy, Saunders, Petrik and Miller (2013) found that the large majority had had little or no training in this area, but that half of the participants had undertaken independent study in this regard. The study showed that almost all of the students felt it necessary to address spirituality and belief systems with their clients, and that despite a lack of education and training, the participants were engaging with the inclusion of spirituality through their own critical thinking and learning (Saunders et al.,2013). Thus it may be stated that the attitudes of some psychologists and Psychology students appear to illustrate a desire to include spirituality in therapy, an aspiration coupled, however, by an apparent lack of knowledge and expertise of this area.

2.8 Potential challenges and ethical issues related to the inclusion of spirituality in therapy

Although research has illustrated an array of possible positive outcomes as a result of including spirituality in psychological practice, there are a number of difficulties and challenges that can be encountered when these two fields are combined in a therapeutic setting. Gonsiorek et al. (2009) discuss possible ethical pitfalls and difficulties that exist in the inclusion of spirituality in therapy. These include complications relating to "competence, bias, maintaining traditions and standards of psychology as well as integrity in labeling services for reimbursement" (Gonsiorek et al., 2009, p. 385).

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Lack of proficiency by professionals when choosing to incorporate spirituality into therapy is emphasised as a significant ethical issue in terms of how such competence is defined. Gonsiorek et al. (2009) state that neither an individual's own beliefs and experiences nor dual training in the fields of theology and psychology qualifies him or her to be proficient in the inclusion of spirituality in therapeutic contexts. Standardisation of the necessary training, based on experience, learning and research (and having ethical and licensing backing), is required in order to ensure that professionals are competent and fully equipped in the area of spirituality and psychology, as is the case in any other area of psychological focus (Gonsiorek et al., 2009).

Bias is discussed as an associated concern in the inclusion of spiritual beliefs in psychological practice, particularly in terms of the influence of the psychologist's own beliefs and attitudes towards spirituality on his or her perception of the client. Gonsiorek et al. (2009) also warn against the use of religious or denominational generalisations in assuming that clients will possess particular values and traditions based on their particular affiliation. Conversely, bias can create an inaccurate perception of the client and the presenting problem (both are seen in a positive light and pathology is justified using religious rationalisations), and can therefore negatively impact the therapeutic goals and process (Gonsiorek et al., 2009). Ultimately, religious bias could serve to distort the psychologist's view of the client (in either a negative or 'falsely positive' manner) and consequently lessen the efficacy of the therapy (Gonsiorek et al., 2009).

The inclusion of spirituality in therapy can also lead to a departure from the basic tenets and standards of psychology, according to Gonsiorek et al. (2009). The authors give the example of multiple relationships, in which expectations and standards may differ from a religious perspective compared to a psychological standpoint (Gonsiorek et al., 2009). Another difficulty is the way in which spiritually integrated therapy should be termed and how reimbursement should be made. Fraudulent activities are common. These occur as mislabelling of activities to disguise what occurs in therapy or labelling purely religious guidance as therapy, and as insurance-related misinformation and duplicitous behaviour. These situations can be exacerbated by a lack of clarity of the focus of therapy and the objectives involved (Gonsiorek et al., 2009).

Dein et al. (2010) highlight a number of ethical dilemmas involved in the addressing of beliefs in therapy, for example regarding the delicate matter of praying with a client. The authors discuss this issue in their article:

> The issue of prayer (and the use of religious/spiritual healing generally) raises significant issues about boundaries, the role of the psychiatrist and the ethics of self-disclosure. Where should the line be drawn? If a psychiatrist prays with their patients, could it be

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> argued that they should be willing to read the Bible or other sacred texts with the patients, in order to quote passages that are felt to be healing? Again, this proposition will raise significant ethical dilemmas (Dein et al., 2010, p. 64).

The use of prayer is viewed as a 'non-clinical activity' that further distorts the boundary lines between what is considered professionally and ethically appropriate and inappropriate in a therapeutic setting (Dein et al., 2010, p. 64). Such methods have also been criticised as lacking in a solid evidence base. Taking a spiritual history is also considered by some professionals to be both insensitive and unnecessary from the point of view that spiritual issues do not fall into the realm of mental health (Dein et al., 2010). Dein et al. (2010) suggest that these concerns point to the need for more in-depth discussion about spirituality and religion and the setting of boundaries for interventions and assessment.

Transference is noted as a common occurrence in addressing spirituality in therapy, particularly as a result of inadequate information regarding the client, which is in turn based on the prior unwillingness of the psychologist to address this aspect at the beginning of the client-therapist relationship (Greene et al., 2004). Thus a process of transference is initiated, as the psychologist creates assumptions regarding the client's spirituality. Furthermore, interreligious countertransference may occur as a result of differing views between psychologist and client, which may influence the psychologist's view of the values and ethics important to the client (Greene et al., 2004). This oversight can in turn negatively influence the therapeutic process as planning and contact sessions can exclude significant information regarding the client's perspectives and values. Intrareligious countertransference can, however, occur when a psychologist and client share the same belief system or religious affiliation. This can result in assumptions on the part of the psychologist relating to the goals and therapeutic needs of the client, as based on his or her own experiences rather than the reality of the situation (Greene et al., 2004).

It becomes apparent that numerous pitfalls exist in the inclusion of spirituality in therapy, particularly by those lacking the necessary skills and expertise required to do so. The following section addresses possible approaches and methods with which spirituality can be conceptualised and subsequently included in the various aspects of therapy in an effective and responsible manner.

2.9 Spirituality in therapeutic practice

This section presents several approaches towards and frameworks regarding the inclusion of spirituality in therapeutic settings. These offer various ways in which spirituality within therapy can be conceptualised and subsequently act as a 'roadmap' to guide the practitioner in this

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practice. The theoretical framework selected in which to ground the study, namely the Respectful model (D'Andrea & Daniels, 2001), is discussed. Thereafter, the focus turns to practical methods and techniques that may aid the psychologist in the effective and responsible inclusion of spirituality in therapy.

2.9.1 Approaches and models regarding the inclusion of spirituality in therapy

A number of methods and safeguards have been proposed in order to prevent the above-mentioned pitfalls related to the integration of spirituality with therapy. Aten and Hernandez (2004) suggest the use of six primary assumptions regarding the examination of spirituality in therapeutic practice which may guide the psychologist in the inclusion of spirituality in therapy. First, that spirituality can be used to the client's benefit in therapy; second, if the client possesses spiritual beliefs, these should be included in therapy; third, that the psychologist should not assume certain beliefs based on a client's spirituality but should base this knowledge on information gained from the client; fourth, it is not always appropriate to discuss religious beliefs in therapy; fifth, psychological skills attained through therapy with a particular population (for example religious or non-religious) may not be transferable to other groups; and last, psychologists may be reluctant to address spirituality in therapy due to a lack of preparation for doing so during training (Aten & Hernandez, 2004).

Post and Wade (2009) discuss three approaches to the use of spiritual interventions in therapy, which will determine the nature of the therapeutic process and the goals that are set. The first approach views such methods as serving to build the faith of a religious client through the use of non-religious techniques. The second integrates spiritual objectives with non-religious methods, while the third approach conceptualises spiritual interventions as specifically religious practices that are used in the therapeutic setting (such as prayer, blessings and the use of religious texts) according to Post and Wade (2009). These approaches suggest possibilities that may exist in the perspectives and mindsets of South African educational psychologists concerning the integration of spirituality and therapy.

Shumway and Waldo (2012) use the theistic-integrative psychotherapy model in their study, suggesting that addressing religious beliefs in therapy can have significance for religious clients and that the alliance with the psychologist can be strengthened as a result. Theistic informed consent is believed to strengthen the client-therapist bond by an implicit agreement on the objectives and tasks to be included in therapy (Shumway & Waldo, 2012). In the undertaking of this research, half of the participants were given theistic informed consent forms and the remaining group was given forms with no reference to spirituality. All the participants were then assessed to determine their views on the expected fictional alliance. It was found that the inclusion of theistic informed consent had a positive effect on the anticipated client-therapy bond

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for more religious clients, while this bond was positively influenced for less religious clients by a regular consent form. This data suggest the value of theistic informed consent with clients with spiritual beliefs.

Louw (2011) discusses the provision of therapy to those with African ancestry, noting that one cannot neglect the African philosophy and spirituality in doing so. From such a perspective it is important to understand the way in which such individuals may view health and wellbeing, and the pathways through which this can be achieved. He mentions, for example, the role played by traditional healers for those seeking help or healing, and the need to acknowledge this aspect of cultural belief and to discover ways in which these can be included in the therapeutic process (Louw, 2011). Furthermore, a systems perspective is advocated in counselling those of African descent in order to encompass the interconnectedness and relational functioning considered part of such cultures. Also of importance is the acknowledgement and inclusion of such aspects such as the influence of ancestors, the individual's culturally bound view of God and the roles of each 'divine element' in his or her functioning (Louw, 2011, p. 161).

Swinton (2001) offers an adaptation of an earlier model (derived from the work of Swinton and Kettles, 1997) with which to conceptualise the role of spirituality in individuals' lives (see Figure 2.3). This framework consists of five spheres of functioning and existence which must be taken into account in the achievement of wellbeing. The spirit is viewed as central in its relation to the individual's functioning, consequently influencing each of the various spheres, and the spirituality sphere is seen as an outward expression of the spirit in the person's life. This model suggests that the various aspects or dimensions of the individual's functioning cannot be separated and therefore no one sphere can be neglected in the attainment of psychological health and wellbeing (Swinton, 2001).

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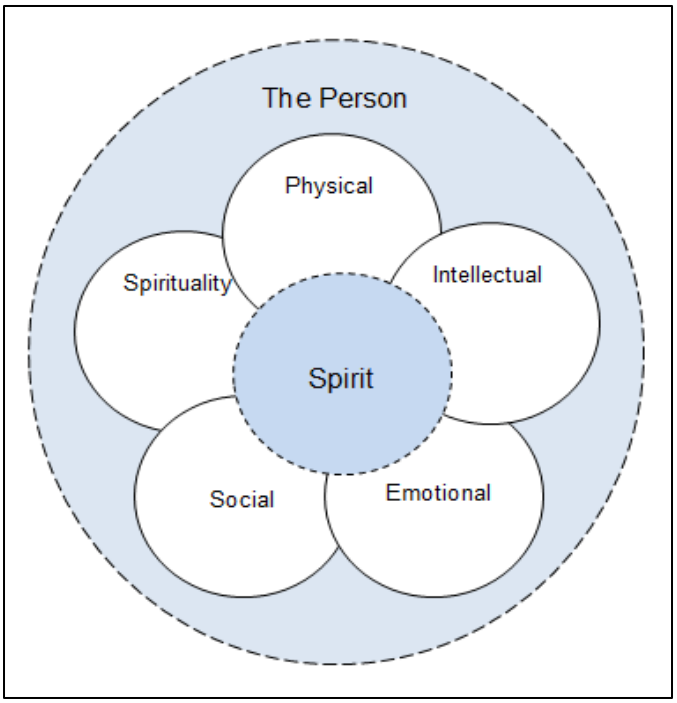

Figure 2.3: The five dimensions of the person (Swinton, 2001, p.36)

Sifers et al. (2012) lament the bias in existing research and assessment towards the Christian belief system, and the subsequent scarcity of data concerning other religions and forms of spirituality. The authors call for a more comprehensive, wide-reaching approach to the study of spirituality that encompasses a diversity of beliefs and affiliations. In answer, Schermer (2004) discusses a perspective he terms 'psychospirituality', in which emphasis is placed on the individual's experience of a spiritually oriented, culturally bound change or event, and is less involved with any religious affiliation. Such a vantage point encompasses all belief systems and as such could be employed in the diverse South African context. Psychospiritual perspectives are described by Schermer (2004, p. 36) as "teleological, hermeneutical, consciousness-altering, and transcendent, emphasizing purpose, meaning, higher states of awareness, and the infinite possibility for growth and change." From this perspective, the aim of therapy therefore becomes transcendence and connectedness with others, and veers away from traditional reductionist approaches. The use of a psychospiritual framework allows for the acknowledgement and acceptance of a greater depth of dimension in life, valuing higher levels of consciousness, faith-building and an emphasis on the individual's own unique spiritual journey (Schermer, 2004).

Aten and Hernandez (2004) discuss Stoltenberg and Delworth's Integrative Developmental Model (IDM). This model combines Stoltenberg's counsellor complexity model with Loganbill, Hardy and Delworth's (1982) supervision model and is used to guide supervisors in their

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mentoring and training of supervisees. It can, however, be transferred to the conceptualisation of basic skills that can be useful in broaching the area of spirituality in therapy. The IDM consists of eight domains: intervention skills, assessment, interpersonal assessment, client conceptualisation, individual and cultural differences, theoretical orientation, treatment goals and plans and professional ethics. Intervention skills focus on including spirituality on cognitive, behavioural and relational levels, for example learning scriptures, as well as the use of moral, clinical and spiritual language as a way to understand and conceptualise the presenting issue and also aid the client in reframing it.

Assessment regarding spirituality refers to the evaluation of the degree of influence of spiritual beliefs on a client and his or her reason for attending therapy. Aten and Hernandez (2004) suggest the use of media such as the Religious Commitment Inventory and the Religious-Spiritual Assessment questionnaire in addition to open-ended questions. Determining the level of influence of spiritual beliefs can aid the psychologist in defining the role of these beliefs in the presenting problem and how they can be used as part of therapy to the benefit of the client. Individual and cultural differences are identified as a significant domain due to the multicultural nature of therapy and the subsequent need to be sensitive to this diversity. This awareness can be developed through the psychologist's examination of his or her inner self in order to reflect on his or her existing values and beliefs and past religious experiences, and through exploring a variety of religious views and understanding the role of these views in the client's functioning. Malan (2011) also discusses the use of a narrative approach, which encourages participation by the psychologist and client in a process of problem-solving. The use of this approach allows the psychologist to determine the client's perspectives and culturally influenced frame of reference, resulting in more culturally sensitive therapy (Malan, 2011).

The interpersonal assessment domain includes the psychologists' awareness of themselves in relation to the client: this can include countertransference relating to differing or similar beliefs and views and the possible positive or negative influence of these aspects on the therapeutic practice. Aten and Hernandez (2004) suggest that psychologists enquire about clients' differing religious beliefs as a way to understand their history and context, and to view these beliefs in this simplistic, 'clinical' manner (simultaneously acknowledging any differences) to avoid internal conflict. Spiritual genograms can also be used to identify the psychologist's own views and beliefs regarding spirituality, as a tool to use self-knowledge to avoid countertransference (Aten & Hernandez, 2004).

The theoretical orientation domain involves the psychologist's awareness of his or her adopted framework and the way in which this structure frames spirituality. Aten and Hernandez (2004) mention that it can be viable to utilise a framework consisting of perspectives on spirituality that

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differ from one's own, through integration of spirituality into the existing structures. Effective examples of this combination can include the use of a hymn when a client is feeling anxious (as a substitute behaviour), talking to God (a form of the empty chair method) and prayer (a relaxation technique). Problem conceptualisation relates to the inclusion of spirituality in ways that acknowledge its use as an asset in therapy and also views it as part of a broader context that may be contributing to the issue at hand (Aten & Hernandez, 2004). The selection of treatment goals and plans must take into account the spiritual beliefs of the client in order to avoid such goals conflicting with these beliefs in a manner counterproductive to therapeutic progress. This suggests the need to possess knowledge of specific religious traditions and views so that this knowledge can be used in the planning of therapy (Aten & Hernandez, 2004). The last domain, namely ethics, requires that spirituality be addressed in therapy if this is appropriate to the client and context, rather than be avoided due to possible ethical issues.

It is clear from the examples above that a variety of frameworks and models exist to aid the psychologist in the inclusion of spirituality in therapeutic practice, whether on the level of assessment, conceptualisation or therapy planning. The onus therefore rests on the practitioner and his or her perspective and frame of reference; as well as his or her cognisance of the context, the presenting problem and the client's own attitudes and beliefs, to determine the most effective and appropriate way in which to approach the inclusion of spirituality in therapy. I next discuss the theoretical framework that I have used in the study, namely the Respectful model (D'Andrea & Daniels, 2001).

2.9.2 A framework with which to understand the inclusion of spirituality in therapy: The Respectful model

In this section, the selection of a theoretical framework appropriate to the study will be discussed. Both the original Respectful model (D'Andrea & Daniels, 2001) and its advancement to the Respectful cube (Ivey, D'Andrea, Ivey & Simek-Morgan, 2002) will be examined and subsequently justified against the background of this study.

2.9.2.1 Introduction to the Respectful model

Smaby and Maddux (2010) discuss three focus areas for psychologists who work with clients characterised by a diversity of culture and background. The first point requires the practitioner to gain an awareness of clients' contexts and the way in which their particular culture and other demographics influence their functioning. The second area involves the psychologist undertaking active efforts to comprehend the world view of such clients as informed by their culture and to acknowledge and explore his or her own beliefs and values Thirdly, this knowledge must be applied to inform "culturally sensitive and appropriate interventions to be

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used with individuals, groups and systems" (Smaby & Maddux, 2010 p. 167). The Respectful model, as the selected theoretical framework, provides a way in which to structure such efforts to provide multiculturally sound therapy, and as a way in which to understand the perspectives and practices of educational psychologists regarding the inclusion of spirituality in therapy.

The Respectful model, originally created by D'Andrea and Daniels (2001), provides a framework with which practicing psychologists may examine themselves regarding specific factors that might inform their world view, as well as the way in which they react to and perceive clients who have similar or different perspectives (LeBeauf et al., 2009). Such aspects include economic class; sexual identity; psychological maturity; race/ethnic identity; chronological challenges; trauma; family history; unique physical characteristics; language and location; and, most relevant to this study, religion/spirituality. This model draws its direction from the increasingly popular multiculturalist shift in counselling and psychology, thus acknowledging and valuing the growing diversity (such as belief systems) of those seeking such services (LeBeauf et al., 2009). Edwards (2014) concurs with this observation, noting that the creation of the Respectful model signifies recognition by the field of psychology of the need for multicultural awareness, and perhaps more importantly, of the foundation of respect for others upon which psychological relationships must be established.

2.9.2.2 The Respectful cube: An adaptation

The Respectful model (see Figure 2.4) has been adapted to a cube shape in order to include the level of participation (locus) as well as the degree of multicultural awareness, or level of cultural identity development of the psychologist (Ivey et al., 2002). The locus axis refers to the level of engagement at which such multiculturally informed self-awareness can occur, based on the specific nature of the interactions of the psychologist. For example, this may refer to working with individuals in therapy (as is the case in this particular study), but also includes actions undertaken by the psychologist on a group or community level (LeBeauf et al., 2009). Thus, the Respectful model (D'Andrea & Daniels, 2001) allows a more minute focus to be placed on both the self-awareness and multiculturally sound practices of the psychologist with clients in therapy, while also providing a broader view to encompass the scope of practice outside of the traditional one-on-one therapeutic setting, although this is not the emphasis of the study.

The axis relating to the degree of cultural identity development refers to the extent of cultural awareness possessed by the psychologist in terms of his or her own demographics and characteristics as well as those of others, and includes the way in which these differing and similar aspects might influence interactions in therapeutic settings (LeBeauf et al.,2009). The first level, naiveté, describes an individual who lacks awareness of the influence of his or her own culture on his or her interactions; while on the encounter level, the individual has been

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confronted in some way with the role played by his or her cultural characteristics, leading to self-examination. The third level, naming, is so labelled as the individual possesses sufficient cultural awareness to display consciousness of cultural prejudice. The reflection level describes a person who includes his or her cultural characteristics as a foundation of his or her self-image, thereby granting such factors the necessary emphasis (LeBeauf et al., 2009). The last level, multiperspective integration, denotes the ability to utilise a diversity of perspectives in the creation of one's own image and identity. This axis provides a framework with which to conceptualise the level of cultural awareness possessed and utilised by the individual.

The items presented along the top of the cube refer to the factors that inform an individual's frame of reference and therefore require scrutinisation by the psychologist in order to reach cultural awareness in his or her interactions with culturally diverse populations (LeBeauf et al., 2009). Religion/spirituality refers to the individual's religious affiliation and/or spiritual belief system, while economic class represents the socioeconomic status and history of the individual. Sexual identity includes a person's sexual and gender orientation. Psychological maturity refers to characteristics including heightened impulse control and self-awareness, while ethnic/racial identity represents the unique ethnic group from which an individual derives (LeBeauf et al., 2009). Chronological challenges refer to developmental factors that may affect a person during the course of his or her life. Trauma includes factors such as stressors and threats which overwhelm an individual's coping abilities, while family history represents the person's background and upbringing within a specific family system (LeBeauf et al., 2009). Unique physical characteristics refer to social perceptions of beauty and the role of such views in the individual's life, while language and location of residence represent the region which the person inhabits as well as the way in which he or she communicates with others (LeBeauf et al., 2009).

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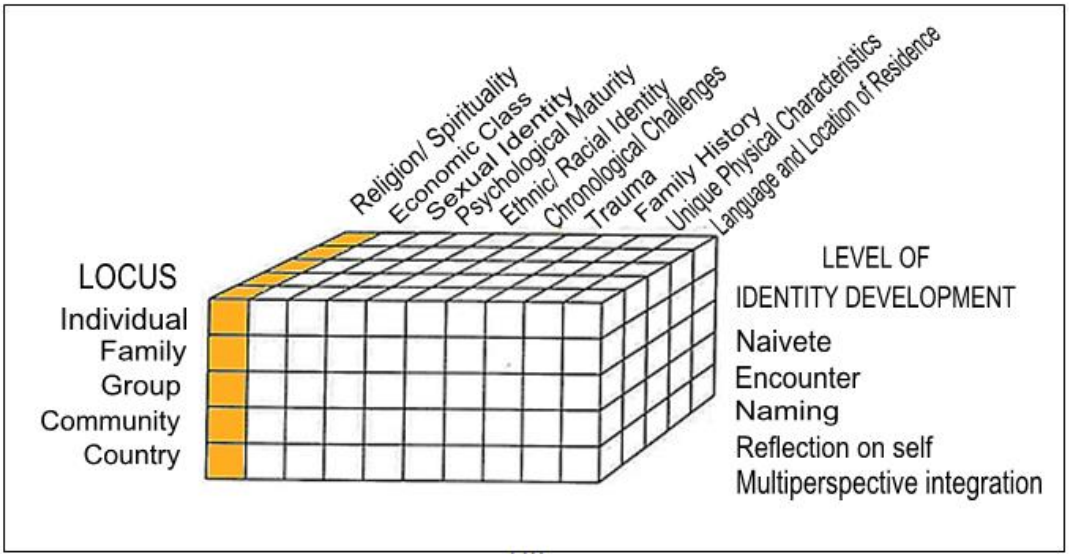

Figure 2.4: The Respectful cube (Ivey et al., 2002)

2.9.2.3 The Respectful cube and spirituality

Edwards (2014) notes that, particularly in Southern Africa, a kind of 'spiritual psychology' is practiced by many cultures. He gives as an example the work undertaken by traditional healers who function in many ways as community psychologists in their areas, providing services parallel to those of a traditional psychologist. Western psychology, therefore, can be described as analogous to a kind of "spiritual healing" (Edwards, 2014, p. 273) found in African cultures. It therefore appears necessary to include the spiritual realm when applying a multicultural perspective to direct psychological interventions and therapy, particularly by South African psychologists.

The Respectful model (D'Andrea & Daniels, 2001) emphasises, with regard to spirituality and religion in particular, the importance of the establishment by the psychologist of the possible role of spirituality in the client's construction of meaning, as well as examining his or her own belief system and how this may influence the therapeutic process. This framework provides the motivation for the inclusion of spirituality in therapy as part of a multiculturally relevant approach to conducting therapy, while simultaneously contextualising this focus within a broader sense of self-awareness and mindfulness in accommodating diversity within psychological practice. It is of particular value in the South African context, where Edwards (2014) observes that, as a result of the country's sociopolitical past, much of a psychologist's work requires emphasis on and cognisance of the cultural context in which the client is embedded, in order to intervene in ways that may effectively address aspects such as persecution and inequality. The Respectful model was therefore selected as a theoretical framework for the study as a way in which to theorise

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the inclusion of spirituality in therapy against the unique, culturally diverse backdrop of the South African situation.

2.9.3 Effective methods and techniques in the inclusion of spirituality in therapy

Post (2010) observes the difficulty of identifying techniques and interventions as specifically spiritual in nature, and describes three broad categories that can be used in this regard. The first includes secular methods that are used for building the client's faith; the second refers to the expansion of secular therapeutic methods with the inclusion of religious themes and aspects; while the third category consists of spiritual interventions as those methods that originate from a particular religion. Spiritually oriented therapeutic methods can include prayer and the use of religious texts, and also include an emphasis on the use of forgiveness and scripture as a means to enhance both personal wellbeing and interpersonal relationships (Kersting, 2003). In determining the effectiveness of spiritual interventions, Post (2010) identifies the instruction of spiritual constructs in therapy and their relation to the presenting issue: the use of prayer and religious texts is particularly valuable as a spiritual intervention.

Cragun and Friedlander (2012) note that research shows that secular therapy can be as effective as Christian-based therapy for religious clients. However, these individuals often seek out like-minded psychologists rather than secular psychologists because they are wary of having their beliefs judged, misunderstood, ignored or mocked (Cragun & Friedlander, 2012). These authors found that where positive experiences were documented by religious clients attending secular therapy, this was largely due to specific actions and attitudes portrayed by the psychologist. It was determined that displaying open-mindedness and affording the client autonomy in terms of when, how and to what degree their beliefs should be addressed, were desirable in therapy. Negative experiences were brought about by the psychologist either ignoring the client's beliefs or stating a view that contradicted the client's (Cragun & Friedlander, 2012). Their results show that the client's beliefs should be addressed initially at the intake interview, and thereafter the client should be afforded the freedom to decide how and to what extent these should be dealt with in therapy (Cragun & Friedlander, 2012).

These findings by Cragun and Friedlander (2012) are echoed by Shumway and Waldo (2012), who note the potential value of the use of theistic informed consent of both the religious and less religious client's expectations of the future alliance with the psychologist. The creation of a therapeutic alliance is necessary for therapy to be effective (Malan, 2011). The authors mention that some research indicates a relationship between an offer to involve spirituality in therapy and the anticipated alliance (Shumway & Waldo, 2012). Informed consent is a necessary component of psychological practice in order to share information regarding the nature of therapy and what it will entail (Shumway & Waldo, 2012). Dein et al. (2010) also recommend

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enquiry into the client's spiritual history in order to conceptualise the presenting problem and context holistically and to determine incongruencies with the treatment plan. Post and Wade (2009) suggest the use of open-ended questions to achieve this and mention that it can prove effective to ask clients for information about their spirituality (the clients are regarded as experts on their own life and beliefs) and which specific spiritual methods or techniques they would like to be included in therapy.

Post (2010) discusses Wade, Worthington and Vogel's (2007) study to determine the necessity of shared beliefs between psychologist and client in the efficacy of addressing such beliefs in practice, and notes that it was found that when psychologists did not share the same belief systems with their clients, this did not have any impact on the client's experience of the therapeutic process. Rather, it was observed that such psychologists were viewed as open to the accommodation of the clients' needs and generally more accepting of their clients, which resulted in a closer client-therapist relationship, a more positive experience of therapy and the use of interventions that the clients felt to be crafted specifically to their needs (Post, 2010).

Kersting (2003) describes the experience of a practitioner in Virginia, USA, in addressing a family's beliefs in therapy: it encouraged the family members to acknowledge the role of their spirituality in achieving and maintaining their psychological wellbeing, and simultaneously enriched their experience of the therapeutic process through the inclusion of a significant and meaningful aspect of their lives. Interestingly, both Kersting (2003) and Miovic (2004) note the dual roles that spirituality can play in an individual's life, where beliefs can, in some cases, cause the individual harm rather than enhance his or her health. Kersting (2003) identifies the conceptualisation of an angry, punishing deity as one such perspective, and advocates full awareness of such beliefs on the part of psychologists in order to avoid causing harm to a client. She suggests that practitioners can avoid such a situation by gaining sufficient information – at the start of therapeutic engagement – on the client's beliefs, his or her view of God and the role of such values in his or her life in order to ascertain the significance of spirituality in the individual's life. She notes that sensitivity to a client's spirituality can influence both conceptualisation and therapeutic interventions in relation to a client, echoing Dein et al.'s (2010) similar observation.

Dein et al. (2010) suggest the value of collaboration between psychologists and professionals in religious fields in order to share knowledge and expertise. Post and Wade (2009) also recommend communication between psychologists looking to include spirituality in therapy with those who are already competent in this area. Research has shown that a pluralistic approach is often adopted by such professionals, characterised by an open-minded approach to religious beliefs other than their own and an awareness of their own beliefs and perspectives (Aten &

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Hernandez, 2004; Post & Wade, 2009). The authors suggest the use of a 'spiritual autobiography' (in order to understand how past experiences and events have influenced one's current beliefs) and spiritual genograms (to determine the impact of such events on the members of one's family) to increase this self-knowledge (Post & Wade, 2009). Research also shows that the use of Christian Cognitive-Behavioural Therapy (CBT), in which secular CBT is combined with spiritual objectives, is effective in addressing spiritual beliefs in therapy, as well as the use of prayer, mindfulness and the use of spiritual ideas and constructs (Post & Wade, 2009).

Greene et al. (2004) recommend the exploration of the psychologist's own views and proposed actions in situations where spirituality must be addressed. Kersting (2003) also advises that psychologists should have full cognisance of their own beliefs and affiliations before engaging with the beliefs of others in therapy, in order to avoid issues of countertransference. Such discussion and subsequent self-awareness may begin a thought process and consequent consideration of an aspect of therapy that may be otherwise neglected in training. This may be a meaningful addition to the training and supervision of counsellors and psychologists. Furthermore, appropriate training and supervision of psychologists in religious sensitivity and the inclusion of spiritual aspects in therapy are identified as mandatory for the effective use of such techniques, with an emphasis on the use of evidence-based practices. Such knowledge requires further research into the models and frameworks required in the inclusion of spirituality in therapy. It is interesting to note that Shafranske (cited in Kersting, 2003) cautions against the use of spiritual methods in therapy until a solid knowledge base regarding both the pathways between spirituality and wellbeing as well as the sound integration of spirituality within psychological practice, can be established and used.

2.10 Conclusion

In conclusion, it is clear that a 'religiosity gap' can be identified concerning the inclusion of spirituality in therapeutic practice (Dein et al., 2010, p. 63). It appears that clients who hold spiritual beliefs would often prefer these to become part of the focus of therapy, but are hesitant to express this desire due to the sensitive nature of such preferences (Cragun & Friedlander, 2012). Conversely, psychologists are frequently reluctant to integrate these two areas, or avoid this process altogether, mainly due to concerns relating to ethics and scope of practice (Gonsiorek et al., 2009; Koenig, 2012). However, as Schermer (2004, p. 32) so succinctly observes, the field of psychology can be described as undergoing "a virtual renaissance of diverse spiritual interests occurring in society at large and the helping professions in particular." It becomes clear that psychologists and training institutions alike can no longer afford to ignore this sphere of functioning if effective practice is to be maintained.

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An abundance of research has illustrated that the inclusion of spirituality in therapy can aid both in the conceptualisation of the client's context and presenting problem and the attainment of therapeutic goals, specifically for religious clients (Aldwin et al., 2013; Aten & Hernandez, 2004). Although ethical and domain-specific difficulties can transpire in the process of integration, these can be overcome through techniques such as increasing self-awareness and clarifying objectives and expectations at the outset of therapy. If psychologists are to gain a holistic view of clients and their histories in order to create effective therapeutic goals, then spirituality, particularly as it is conceptualised as form of meaning-making (Park & Edmondson, 2012), can no longer be ignored.

To conclude, Post and Wade (2009, p. 131) note that "the practical question for clinicians is no longer whether to address the sacred in psychotherapy with religious and spiritual clients, but rather, the questions are *when* and *how* to address the sacred." From this perspective, apparent areas of focus required in order to achieve this 'spiritual competency' can include the training of psychologists and counsellors as well as discussions relating to the ethical guidelines and boundaries that are essential in standardising this practice for the benefit of both the professional and the client.

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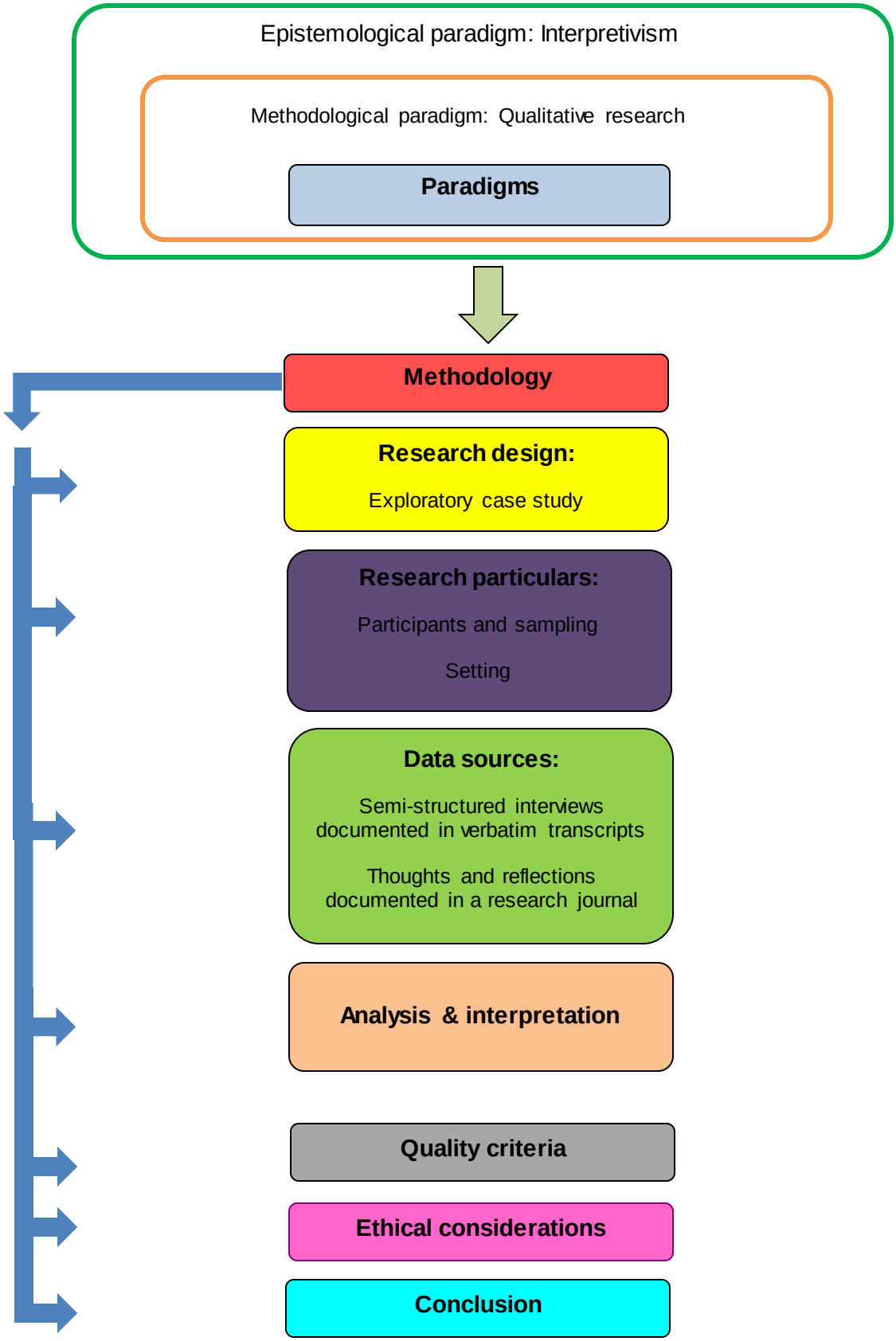
Conceptualisation of Chapter 3



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Chapter 3
Methodology

3.1 Introduction

This chapter is concerned with the paradigmatic and methodological routes chosen in the undertaking of the study. Such choices informed the perspective used in the conceptualisation of the research, as well as the type of research and the design selected. Also discussed are the selection of participants and the instruments used for the collection of data. Thereafter, the analysis and interpretation procedures are outlined, and relevant ethical considerations mentioned. Finally, the quality criteria appropriate to the study are noted.

3.2 Paradigmatic perspectives

In this section, the paradigmatic choices guiding the study are elaborated upon. Interpretivism was selected as the epistemological philosophy with which to underpin the study, while methodological choices were informed by qualitative research.

3.2.1 Epistemological paradigm

Morgan and Sklar (2012) refer to an epistemological paradigm as a broad world view or perspective which influences the methodologies and techniques used to gather research data. Nieuwenhuis (2007a, p. 55) describes epistemology as determining "how things can be known"; relating, in other words, to the construction of reality and how this can be studied and represented through research. Such paradigms are informed by certain assumptions based on meaning-making and the relationships between people, social contexts and phenomena (Snape & Spencer, 2003). For the purpose of the study concerning the experiences of educational psychologists on the inclusion of spirituality in therapy, the interpretivist perspective was used. This philosophy is characterised by the view that reality is a product that derives from social construction, resulting in a multiplicity of perspectives and realities (Mertens, 2010). Interpretivism provided the preferred paradigmatic background for the study due to this appreciation of the information of individuals' experiences by their contexts (Nieuwenhuis, 2007a), which mirrored the focus of the study in its investigation of the experiences of educational psychologists regarding the inclusion of spirituality in therapy. Schwandt (2000) notes that the interpretivist perspective allows the researcher to understand the various meanings underlying a phenomenon or social experience, which is conducive to the study of perspectives on spirituality and its integration with therapy. This characteristic was valuable for the study in that I, as the researcher, could not assume that a certain objective

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truth exists regarding how the educational psychologists conceptualised the inclusion of spirituality in therapy, but rather had to seek to understand the unique and individual experiences of the participants, with an accompanying appreciation of a diversity of experiences.

Interpretivism values the social context, which influences the realities that individuals construct (Nieuwenhuis, 2007a). This emphasis was aligned with the purpose of the study, which was to examine the experiences of educational psychologists not in isolation, but in relation to their specific context (in this case, South Africa) and to take an inclusive stance regarding the ways in which the characteristics of the context (such as diversity and multiculturalism) affected the studied phenomenon. The interpretivist paradigm allowed the theoretical framework constructed at the outset of the research investigation (namely D'Andrea & Daniels' (2001) Respectful model) to be altered as new information was discovered (Nieuwenhuis, 2007a). This aspect is applicable to the study in that, since little research exists to inform the theoretical framework, the initial model could be improved upon as the study progressed, thereby adding to what was already known. Interpretivism also suggests that the beliefs and attitudes of the researcher cannot be separated from the investigation of the phenomenon (Nieuwenhuis, 2007a). This was helpful to the study in that my own religious beliefs and values were acknowledged and used to gain a deeper understanding of the focus of the investigation, as a result of the understanding that a qualitative researcher cannot be truly objective. In undertaking the study it became necessary for me, in my role as researcher, to reflect upon my own background and religious stance. This allowed me to understand my own position on the role of spirituality in psychological contexts and to further comprehend the views of the research participants in this regard. Section 3.4 details the specific criteria that were necessary to include as part of the study in order to ensure the maintenance of quality throughout.

Nieuwenhuis (2007a) states that disadvantages of the interpretivist paradigm include the inherent subjectivity ascribed to the role of the researcher and a lack of generalisation of research data. With regard to the latter disadvantage, the study aimed to obtain an in-depth understanding of the experiences of participants from differing religious or cultural backgrounds, rather than to generalise results. Schwandt (2000) adds that an interpretivist perspective allows the researcher to understand the various meanings underlying a phenomenon or social experience, which is conducive to the study of perspectives on spirituality and its integration in therapy. In this sense, it was hoped that the study would have some application to the broader context of South Africa, although the researcher acknowledges that objective knowledge of the experiences individuals construct cannot be attained (Schwandt, 2000). Thick descriptions of both the context and the participants were

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provided in order to supply the reader with the sufficient information required to determine the applicability of the data to other contexts.

In this study, the participants were intentionally selected for the differing religious and cultural groups to which they belonged. As it is acknowledged in the interpretivist paradigm that the researcher possesses his or her own beliefs and attitudes, it was necessary for me, as the researcher, to be aware of how these influenced the way in which I viewed other religious beliefs and also how these differing perspectives were of benefit in therapeutic settings (Nieuwenhuis, 2007a). This awareness aided in the attempt to remain as objective as possible when gaining information from the participants and in representing it in an accurate way. Since multiple realities are valued, it was necessary to ensure that this diversity was also represented in the study, thereby eliminating any bias or emphasis on data that coincided with my own belief system (Nieuwenhuis, 2007a). The use of a research journal was beneficial in reflecting on this process (see Appendix E). With the backdrop of interpretivism in place, the methodological paradigm of choice will now be discussed.

3.2.2 Methodological paradigm

Morgan and Sklar (2012) define methodological paradigms as frameworks encompassing approaches to and perspectives on the undertaking of research, determining by their nature the methods and procedures involved in this process, and which are grounded in certain philosophies, ontologies and epistemologies. Such paradigms include quantitative, qualitative and mixed-methods research. For the purpose of the study the qualitative paradigm was used as a guide to aspects such as data collection and analysis, but also as a source of direction that informed the kind of information was gained, as well as the intended uses of the data.

Merriam and Tisdell (2016, p. 9), in their discussion of the nature of interpretive and qualitative research, state that “Interpretive research, which is the most common type of qualitative research, assumes that reality is socially constructed; that is, there is no single, observable reality. Rather, there are multiple realities, or interpretations, of a single event”. In line with the epistemological framework of the reported study, Merriam and Tisdell (2016) concur with this statement, mentioning that qualitative research values subjectivity as well as the existence of multiple perspectives and realities. Additionally, the researcher’s subjectivity, as well as his or her assumptions and attitudes and the part played in the undertaking of the research, are acknowledged rather than suppressed (Merriam & Tisdell, 2016). Nieuwenhuis (2007a, p. 55) concurs with this description of the role of the researcher, asserting that qualitative research recognises the researcher’s relationship with the participants, and rather than allowing this subjectivity to undermine the research, it is valued as it is representative of the participants’ ‘constructed reality.’ Furthermore, qualitative research does not seek to discover objective,

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universal data, but to attain information that is meaningful to the participants within the unique context in which they function (Nieuwenhuis, 2007a), which is a significant factor in the undertaking of this study.

A number of objectives exist to distinguish qualitative from quantitative research. These goals are consistent with this study regarding the experiences of educational psychologists on the inclusion of spirituality in therapy. First, qualitative inquiry seeks to acquire comprehensive information based on individuals or groups (Merriam & Tisdell, 2016).

Second, researchers undertaking this type of research do not seek to generalise this data to the larger population but rather to understand the meaning-making processes used by individuals and the ways in which they experience certain phenomena (Nieuwenhuis, 2007a). These points are particularly applicable to the investigation since the aim was to understand the experiences of a small sample of participants (educational psychologists) on the integration of spirituality and therapy, and not to apply the information gained to the broader population of psychologists.

Third, qualitative research aims to reveal new information rather than to confirm what is already known (Merriam & Tisdell, 2016). This is relevant to the study in that a gap exists in the literature concerning the possible integration of spirituality and therapy as well as the experiences and attitudes of practitioners regarding this practice.

Fourth, qualitative research allows room for an initial view or perspective to be created and subsequently edited as new information is discovered, which is valuable for the validity of results (Merriam & Tisdell, 2016). This objective is suited to the study since, due to the lack of research on this specific area, it would have been problematic to formulate a concrete, unchangeable conceptualisation or hypothesis prior to undertaking the research and to retain the validity of the results gained. It is also true that views, perspectives and experiences may change over time.

Furthermore, the emphasis on subjective experiences of phenomena and subsequent multiple realities that provide the focus of much of qualitative inquiry (as mentioned by Merriam & Tisdell, 2016) corresponds to the study, as its objective was to understand the various meanings attributed to spirituality in therapy by the participant group. This investigation did not seek to determine a 'correct' manner with which to view this area, but rather to understand the perspectives of a number of professionals who may have come across this issue in their practice. Morgan and Sklar (2005, p. 72) add that qualitative research values the generation of a "rich or deep description of a phenomenon": this aspect justified the study's detailed

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examination of the in-depth views of a small group of participants, rather than gaining more simplistic, 'surface' information from a large group.

Qualitative research also positions the researcher as the primary data collector (Morgan & Sklar, 2012), which is relevant to the use of semi-structured interviews and the transcription thereof in the study, all of which were carried out by the researcher. In relation to this is the role of the researcher as an active part of the research process through the use of an insider perspective: this feature of qualitative research was helpful in the undertaking of the study as it allowed the researcher to investigate the phenomenon (spirituality in therapy and educational psychologists' experiences in this regard) in its natural environment (Nieuwenhuis, 2007b).

3.3 Methodology

This section details the choices made in undertaking the study, beginning with the chosen research design – an exploratory case study, followed by the particulars of the research, such as the participants around which the study was centred and the context in which the study was carried out The sources of data used as well as the analysis of the data are then described, followed by an in-depth examination of the ethical concerns and quality criteria that were relevant to the study.

3.3.1 Research design

De Vos, Strydom, Fouché and Delport (2005) state that a case study can be used to analyse one person, a group or a time period: this loose definition of the case to be studied can be applied to a wide range of phenomena and contexts. Case study research allows the researcher to direct the focus of the research on an individual or case, rather than using a more general approach. This point is relevant to the study as only a small number of educational psychologists were included as participants (Denscombe, 2003). Furthermore, this type of research is conducive to the generation of information that would not have been accessible through the use of a broader, larger study. In addition, Starke & Strohschneider (2010) maintain that the focus of a case study is to achieve a significant depth of information through a description of the phenomena under investigation. Case study research provides information in great detail due to the greater amount of time allocated to the individual participants or phenomenon.

Yin (2003) states that case studies fit into three broad categories, namely descriptive, exploratory and explanatory. This differentiation is dependent on the goal of the particular study and the nature of the information that the researcher hopes to gain. An exploratory case study is used for the purpose of this study in order to further understand the phenomenon,

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namely the experiences on the inclusion of spirituality in therapeutic practice of educational psychologists in the Gauteng area (Yin, 2003). The research design can be termed a single case study due to its focus on the experiences of one group of participants without comparisons with other groups (Baxter & Jack, 2008).

Case study research allows the researcher to study the phenomenon as it occurs, or is experienced by participants in their natural environment, providing, according to Cohen et al. (2007, p. 256), data that is 'strong in reality' as it is directly informed by participants' experiences and realities. These authors add that a further identifiable advantage of case study research is that it allows a small scale, resulting in a research design that can be undertaken by a single researcher (Cohen et al., 2007). Thus this type of research is applicable to the study by its very nature: the study aimed to gain insight into the attitudes and views of South African educational psychologists (within their individual contexts) on the inclusion of spirituality in therapy. The focus is therefore restricted to a single case to which the efforts of the researcher will be directed in order to generate in-depth information. Additionally, research design can be termed a single-case study due to its focus on the experiences of one group of participants without comparisons with other groups (Baxter & Jack, 2008).

Gerring (2007) states that one major criticism of case study research is its assumption of one case or individual as representative of the topic of the study, which is regarded as an inadequate scientific basis from which to generalise the results gained. The case in this study was limited to the perspectives of a small number of participants and therefore the data collected could not be applied to a broader population; however, the function of a case study is not to explain or prove the objective relationship between phenomena but to provide a rich description of the case. In this regard, Yin (2003) maintains that analytic generalisation should be a focus of case study research, where the applicability of the research results is constructed from the perspective of the individual case studied, along with the researcher's awareness that this particular perspective has informed the degree and type of generalisation. Additionally, a rich and in-depth description of the case was provided in order to allow the audience to reach a conclusion regarding the level of transferability to other, similar cases, which is a further advantage of the use of case study research (Cohen et al., 2007).

An additional disadvantage of case study research relates to the issue of bias. According to Gerring (2006), both the subjectivity of the researcher in the research process as well as the sources of data (namely the participants' accounts and experiences) on which the data relies, can lead to bias. Altheide and Johnson (2011), however, suggest that the researcher should keep in mind the social nature of the research undertaken and that the use of quantitative

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approaches may exclude access to significant meaning-making and relationships to phenomena in which participants are involved. An apparent lack of rigour in the data collection and analysis processes is perpetuated by a lack of guidelines with which to reduce bias (Gibbert, Ruigkrok & Wicki, 2008). In order to combat any possible bias, measures were taken to ensure that the data generated had a high level of trustworthiness. Such measures included member checking, the use of an audit trail, a research journal as well as frequent supervisory meetings (Cohen et al., 2007). These will be discussed further in section 3.4.

3.3.2 Research particulars

In this section, the sampling methods used in the selection of research participants is discussed, as well as the setting in which the study was conducted, in order to contextualise the investigation.

3.3.2.1 Participants and sampling

The case used for the purpose of the study, namely a group of four educational psychologists in Gauteng, was selected through the use of convenience sampling. Cohen et al. (2007) refer to convenience sampling as a process undertaken due to the accessibility of the case. Although this is convenient for the researcher, the authors stress that the sample therefore lacks generalisability due to its inability to be representative of a particular group. Such generalisation was, however, not the aim of the study. As the researcher, I am based in Pretoria and therefore selected the case (a group of educational psychologists in Gauteng) based on the availability of the case group from a practical point of view. Each participant was selected on the basis of their use of spirituality in therapy, and therefore criterion sampling was employed for this purpose. Nieuwenhuis (2007b) describes this type of sampling as useful in the selection of participants whose possession of certain characteristics determines their relevance to the study. In this case study, the main criterion for the selection of participants was the integration of spirituality with therapy in their own practice, which was ascertained at the outset of the data collection process. This ensured that those selected had the requisite experiences and perspectives relevant to the study.

3.3.2.2. Setting and particulars of the participants

Each of the four participants were registered with the Health Professions Council of South Africa (HPCSA) under the category of educational psychology. Their work locations, which ranged from Pretoria to Johannesburg, included educational and corporate organisations, religious organisations, government and private practice. Their work experience varied from 2 to 18 years. The participants identified their spiritual beliefs and religious affiliations as Christian, Muslim and Jewish. Table 3.1 gives their particulars.

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Table 3.1: Particulars of the participants

Participant	Details				
	Gender	Race	Spiritual orientation	Years of practice	Work contexts
1	Female	White	Christian	18 years	Government Private practice School
2	Female	Indian	Muslim	5 years	School Corporate Religious Private practice
3	Female	White	Jewish	2 years.	Private practice
4	Female	Indian	Muslim	14 years	School Rehabilitation Private practice

3.3.3 Data sources

Individual semi-structured interviews were applied for data collection. Table 3.2 depicts these methods. A research journal was also used to record and analyse my thoughts and reflections during the process.

Table 3.2: Data collection and documentation methods

Data collection techniques	Data documentation techniques	Average time
Semi-structured individual interviews	Audio and video-recorded verbatim transcripts	Approximately 60-90 minutes per interview
Research journal documentation	Reflective notes in a research journal	Throughout the research process

3.3.3.1 Semi-structured interviews

Individual semi-structured interviews were used to collect data for the study. Cohen et al. (2007) maintain that interviews as a data collection technique allow the view that knowledge is socially constructed through individuals' interactions rather than positioned objectively apart from the individual. Interviews provide a platform for the accounting and recounting of multiple events, experiences, beliefs and perspectives that define an interpretivist view of reality (Morgan & Sklar, 2012). Interviews provide a wealth of multi-layered information as verbal, non-verbal, receptive and expressive aspects of communication are used. This tool is

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therefore suitable for the study as the collection of generation-rich, in-depth information was one of the main objectives.

Schensul (2011) adds that a semi-structured interview can be useful in determining the differences and similarities between the perspectives of participants. This proved to be useful in the study in order to understand how different individuals view and experience the integration of spirituality with therapy, as well as the factors influencing these viewpoints. Cohen et al. (2007) note that this type of data collection permits the researcher and participants a certain freedom in responding and communicating, which a high level of structure would perhaps discourage. It is also conducive to the exploration of various unforeseen and unique avenues through the use of open-ended questions, prompts and probes from the researcher. As the main research question involves understanding the experiences of educational psychologists on the inclusion of spirituality in therapy, semi-structured interviews were an effective way to gain insight into these views and attitudes. The secondary research questions refer to the participants' views and attitudes regarding the inclusion of spirituality in therapy, specific practical ways in which spirituality may be included in therapy, as well as the advantages and the disadvantages of including spirituality in therapy.

Despite numerous advantages, interviews as a tool for data collection present several pitfalls. They can be time-consuming, especially in the case of semi-structured interviews where less structure may lead to difficulties in estimating the amount of time required (Cohen et al., 2007). This meant that the interviews held as part of the study were given a set maximum amount of time of 60-90 minutes. Additionally, the participants were informed of the amount of time required for the interview, and a limited number of participants were therefore selected for the interviews. However, interviews were not rushed and all the interviews were conducted within the given time.

In order to record the information collected during the semi-structured interviews, the sessions were recorded and the information was transcribed to transfer the data from audio to written form. This made the data more accessible and convenient to analyse. However, transcription is also regarded as disadvantageous due to loss of data, for example non-verbal cues can be lost in the transcription (Cohen, 2007). This was addressed through my observations, which were documented in my filed notes and research journal. Moreover, as the information gained is contextually bound and relies on this environment and specific situation for its meaning, a transcription by its nature isolates the words spoken and cannot take into account this important aspect. In order to decrease this loss of information, I undertook the transcriptions personally, as I was familiar with the specific context. Furthermore, non-verbal behaviour during the interviews was noted and analysed in combination with the verbal responses.

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Cohen et al. (2007) suggest that additional attention should be given to cues such as tone and pitch of the participant's voice, pauses and the speed of speech, among others. This ensures that the information gained is rich and multi-layered. Opdenakker (2006) further suggests that the researcher should take notes during the interview (with the participant's consent) as a way to ensure that all questions are addressed and in case of a fault with the recording process.

3.3.3.3 Research journal and field notes

Cohen et al. (2007) suggest that a research journal should include reflective notes on the observations recorded and the way in which these were described; the choices made regarding the undertaking of data collection and analysis; the documentation of ethical matters and any issues that may arise; and the researcher's own analysis of personal reactions, perspectives and emotions. The authors also suggest that a research journal should contain daily events and planning (Cohen et al., 2007). Opdenakker (2006) states that it is also necessary for the researcher to be aware of his or her role as 'expert' and to refrain from guiding the participant's responses or influencing the interview in any way. It was therefore essential for me as the researcher to be aware of my own biases and perspectives so as to avoid the transfer of these to the interview process and the participant (Opdenakker, 2006). The use of a research journal allowed me to reflect on my role and influence as researcher and as central to the collection of the data. I was also able to reflect on the processes that occurred during the data collection and analysis processes. Use of a research journal equipped me to reflect on such matters and to create awareness thereof, while also enriching the data collection and analysis by supplementing the semi-structured interviews with the participants.

One of the pitfalls of the use of transcription can be identified as the possible loss of data, such as information of a non-verbal nature (Cohen et al., 2007). This was addressed through the recording of my observations, which were documented as field notes in my research journal. See Appendix E for extracts from the research journal.

3.3.4 Data analysis and interpretation

Thematic analysis was used for the study conducted. Nieuwenhuis (2007b) notes the value of thematic analysis in deriving themes and patterns within specific content, with a view to drawing comparisons between data and theory. Specifically, inductive analysis was undertaken as themes were deduced as the data was analysed and coded (Nieuwenhuis, 2007b). A number of steps were taken during the data analysis process, namely verbatim transcription of the interviews; identification of codes and categories (inductive coding); and the categorisation of the content into both major themes and subthemes. Once these steps

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were completed, the evidence was used to substantiate the identified themes; member checking was carried out to eliminate bias on the part of the researcher; and the emerging meaning was represented (Nieuwenhuis, 2007b). Figure 3.1 depicts the data analysis and interpretation process.

Inductive thematic analysis was suitable for use in the study as it allows the researcher to represent data that is based on reality and actual experiences (particularly, in this case, the experiences of educational psychologists as founded in their personal experiences) (Denscombe, 2003). This type of analysis is conducive to the representation of highly detailed data through the process of inductive coding, and is relevant to the data that the study aimed to produce. Nieuwenhuis (2007b) also notes that qualitative data analysis is a process which veers away from a linear pattern and allows the researcher to collect data, undertake analysis and return to the data to guide this process. Denscombe (2003) concurs with this statement, adding that qualitative analysis allows the emergence of unexpected inconsistencies relating to the social nature of the data analysed, as well as the development of multiple interpretations of the data.

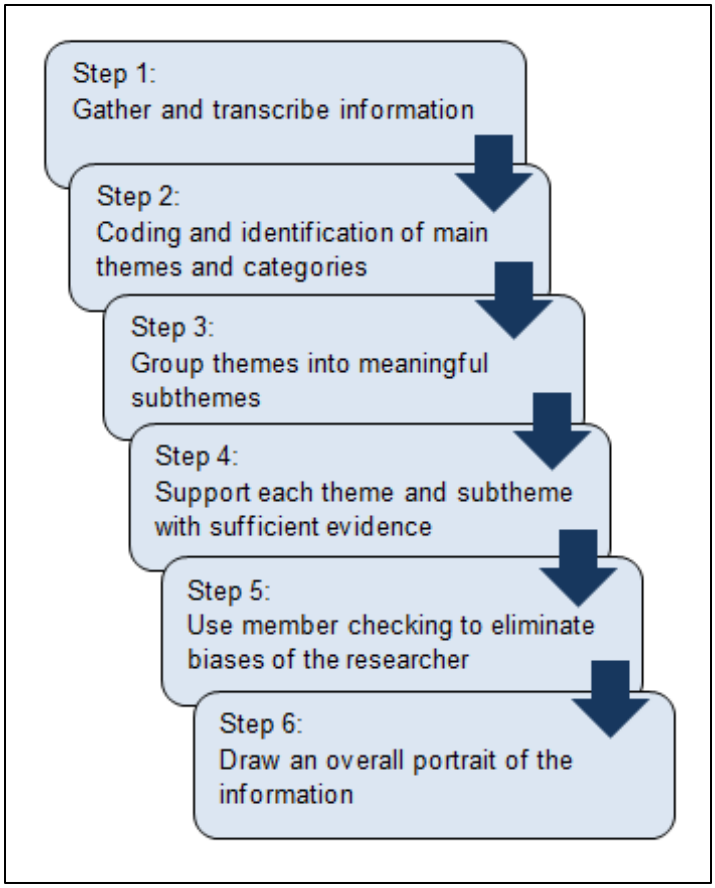

Figure 3.1: Steps in the data analysis and interpretation process

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Nieuwenhuis (2007b, p. 105) describes the process of coding as "marking the segments of data with symbols, descriptive words or unique identifying names." Coding was therefore used as the method by which to organise the information gained from the interview transcriptions, while it also aided in comprehending and making sense of the data. As mentioned above, inductive coding was selected as the method of analysis as this allowed the organic generation of specific codes as they arose from the data. Once the data was segmented according to each code, the total number of occurrences of each code was tallied in order to gauge the frequency of a particular phenomenon, attitude or perspective.

Once the interview transcriptions had been coded, inductive categorisation of the data was necessary. In order to carry out this stage of analysis, the codes identified in the previous phase, which occurred throughout the data, were grouped into themes. The assigned categories were paired with descriptions and relevant quotes, as suggested by Nieuwenhuis (2007b), and the interview transcriptions were then checked in order to verify the accuracy of the assigned categories. Once the data had been categorised in its entirety, links between the existing categories were determined. The next phase involved the verification of the data with existing literature on the topic.

Denscombe (2003) notes that a potential pitfall of qualitative analysis such as thematic analysis is its inability to truly represent the data in such a way that it can be generalised to a broader population. This is true of the study; however, the focus was not on relating the data more broadly but on gaining an in-depth interpretation of the views and perspectives of the participants. In qualitative analysis, the researcher is also inextricably linked to the interpretation of the data in a subjective manner, and may also run the risk of selecting specific information or themes so that data is lost or inaccurately represented (Denscombe, 2003). Furthermore, through the coding process, the identification of major themes in comparison to the theory may lead to oversimplification and neglect on the part of the researcher of data that contradicts the theory (Denscombe, 2003).

In order to combat these potential challenges, measures were undertaken to ensure the trustworthiness of the data.

3.4 Quality criteria

Nieuwenhuis (2007b) highlights the inherent subjectivity of both the researcher and the phenomena investigated in qualitative research. This had the potential to pose a significant challenge to the study due to its influence on the degree of trustworthiness in the investigation. However, the aim of the study was not to gain an objective measurement, but an in-depth understanding of a social phenomenon and the participants' experiences of it. Morgan and

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Sklar (2012) describe various pitfalls relating to data analysis in qualitative research, referring to factors concerning the trustworthiness of the data collected. Trustworthiness relates to the way in which the research results accurately reflect the accounts of the participants (credibility); transferability of the results to different situations; dependability of the results in terms of the procedures used; and confirmability in terms of the objective characteristics of the information gained (Morgan & Sklar, 2012). These quality criteria were assessed throughout the study and required significant attention in order to ensure a high level of the quality of the research.

For the purposes of the study, the semi-structured interviews as well as the literature on the topic of the integration of spirituality and therapy were used to overcome the pitfalls discussed above. The interviews took the form of face-to-face interactions in which questions were directed by relevant data collected in similar studies, but not restricted by such frameworks. Additional probes and questions were used as each situation dictated. In this way it is hoped that a maximum amount of information was gained. A 'thick description' of the context in which the study was undertaken is provided to ensure the transferability of the research data (Mertens, 2010). Moreover, a research journal was created for use by the researcher in order to document the decisions taken during the research process and to increase the dependability of the research (Flick, 2009; Nieuwenhuis, 2007b).

Member checking (in which participants are encouraged to state their opinion regarding the accuracy of the information recorded) as mentioned above was used to maintain the credibility of the study (Flick, 2009; Nieuwenhuis, 2007b). The member checking process was undertaken by sharing the data and emerging themes with the participants. The participants were then invited to comment on the representation and organisation of the data supplied during the semi-structured interviews. This process helped to ensure that the interpretation of the data maintained credibility. Additionally, a detailed audit trail was included as part of the study in order to document the research process (Nieuwenhuis, 2007b).

Di Fabio and Maree (2012) state that trustworthiness can be maintained by attention to four constructs relating to data collection and analysis, namely credibility, transferability, dependability and confirmability. Seale (1999) added a further construct for quality assurance in qualitative research, namely authenticity.

- *Credibility:* This criterion relates to the way in which the research results accurately reflect the accounts of the participants (Seale, 2002). In order to ensure that credibility was maintained during data analysis of this study, member checking (in which participants are encouraged to state their opinion regarding the accuracy of the information recorded) was

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used (Flick, 2009) as well as crystallisation, whereby observations throughout the research process were recorded in a journal and used in conjunction with semi-structured interviews in order to validate the data that was analysed (Di Fabio & Maree, 2012).

- *Transferability:* This element refers to the applicability of the results to different situations in such a way that the audience may determine their own conclusions based on the research (Seale, 2002; Di Fabio & Maree, 2012). The transferability of the data was attended to through the use of thick descriptions of the context in which the study was done in order to provide sufficient information (Mertens, 2010).
- *Dependability:* Dependability is related to the 'stability and consistency' of the results in terms of the procedures used (Di Fabio & Maree, 2012, p. 140). The dependability of the study was ensured through the use of a detailed audit trail which documented the research process and allows others to view the processes undertaken and decisions made by the researcher (Nieuwenhuis, 2007b; Seale, 2002).
- *Confirmability:* This criterion refers to the objectivity of the information gained, which must be free from researcher bias and subjectivity (Morgan & Sklar, 2012). Confirmability was supported by the use of a research journal in which all decisions were documented and the role of the researcher (including attitudes, reactions and thought processes) was reflected upon (Flick, 2009).
- *Authenticity:* Authenticity refers to the degree of integrity inherent in the research undertaken, and involves the accurate depiction of various perspectives as well as correlations between depictions of people and events (Seale, 1999). Authenticity was achieved through the use of reflective notes that depicted the research process. Additionally, authenticity was ensured by the enrichment of the participants through the research process, by means of the attainment of new knowledge and the consolidation of their individual views, which was achieved through member checking (Seale, 2002).

3.5 Ethical considerations

Lewis (2003) discusses a number of considerations necessary for the undertaking of ethically sound research. The following points were taken into account in this regard:

- *Informed consent:* Informed consent was obtained by providing all the necessary information to the participants (such as the purpose of the study and assurance of their anonymity) to ensure that they would be able to make informed decisions regarding their contribution to the research process (Lewis, 2003). See Appendix G for an example of an informed consent form.
- Confidentiality: The participants were assured that the recordings and transcriptions of their interviews would be safeguarded and used solely for the purpose of the study (Lewis, 2003).

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- *Anonymity:* The participants' names and personal details were not included during any stage of the research process in order to ensure that their identities were protected and they were not identifiable in any way. Pseudonyms were used where necessary (Lewis, 2003).
- *Protection from harm:* I ensured that the participants were aware of the purpose of the research study, and additionally that their contribution would in no way cause them harm (Lewis, 2003).
- *Right of privacy:* Interviews with participants were conducted in private areas without audiences, and the recordings of such interviews were treated confidentially (Ferreira, 2012).
- *Voluntary participation:* The participants were asked for their voluntary consent to contribute to the proposed study, based on full disclosure of the purpose of the study and the ways in which their responses would be used (Ferreira, 2012).
- *Data collection:* The participants were made aware of the time required for the interviews and these were scheduled according to their availability. Consent was also attained from each participant for recording the interviews prior to the event (Ferreira, 2012).
- *Data analysis:* Member checking was used and the data collected were verified with the existing literature (Ferreira, 2012).
- *Reporting the findings:* In order to ensure that ethical standards would be maintained in writing the research report, the limits of the research results were stated (Ferreira, 2012).

3.6 Conclusion

This chapter presented the methodological choices that provided structure to this study. These decisions were taken at the outset of the research and at the same time guided the study at each of the various stages. The epistemological and methodological paradigms determined the direction and nature of the study, as well as the role of the researcher and conceptualisation of the participants, while the selected methodology directed the practical choices made. Finally, quality criteria and ethical considerations ensured the rigour of the study. Chapter 4 provides a summation of the results discovered through a thorough process of analysis, and Chapter 5 situates this data against the existing literature in order to elicit the findings and contributions of the study.

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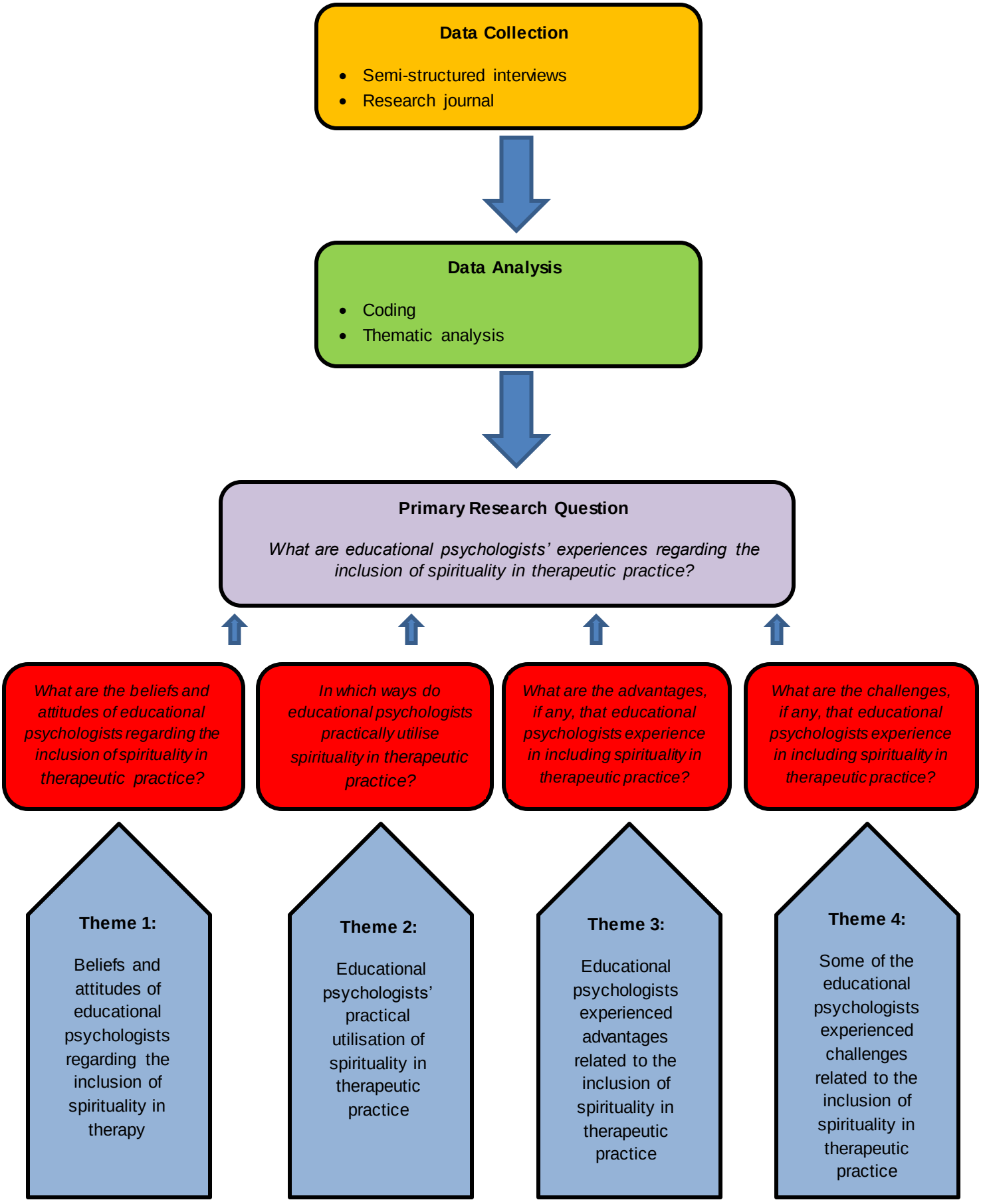
Conceptualisation of Chapter 4



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Chapter 4
Results of the Study

4.1 Introduction

The previous chapter was concerned primarily with the research paradigms and methodologies selected as a framework for the data collection and analysis processes designated for this study. Further facets of the data collection process such as the selection of participants and the instruments used were outlined. In addition, the analysis and interpretation procedures as well as the relevant ethical considerations were explained. This chapter presents the results of the study obtained subsequent to the careful determination of the themes, subthemes and categories which arose from the participants' verbatim interview transcriptions. Verbatim samples from the interviews with the participants as well as excerpts from the researcher's journal are provided in order to supplement these results.

4.2 Results of the study

Four significant themes emerged after careful analysis of the data gathered from the participants' interviews. These topic areas allude to the attitudes and beliefs of the participants regarding the inclusion of spirituality in therapeutic practice, the practical utilisation of spirituality in therapeutic practice by the participants and the advantages and challenges pertaining to this practice, as experienced by the participants. Figure 4.1 depicts the themes and subthemes that arose from the data. Arrows are used to illustrate the relationships between each theme in the context of the study. The overarching personal beliefs and attitudes of the psychologists, comprising the first theme, were inclined to inform their practical use of spirituality in therapy. This second theme tended to give rise to both the third and fourth themes, namely the advantages and challenges experienced by the participants regarding their inclusion of spirituality in therapeutic practice.

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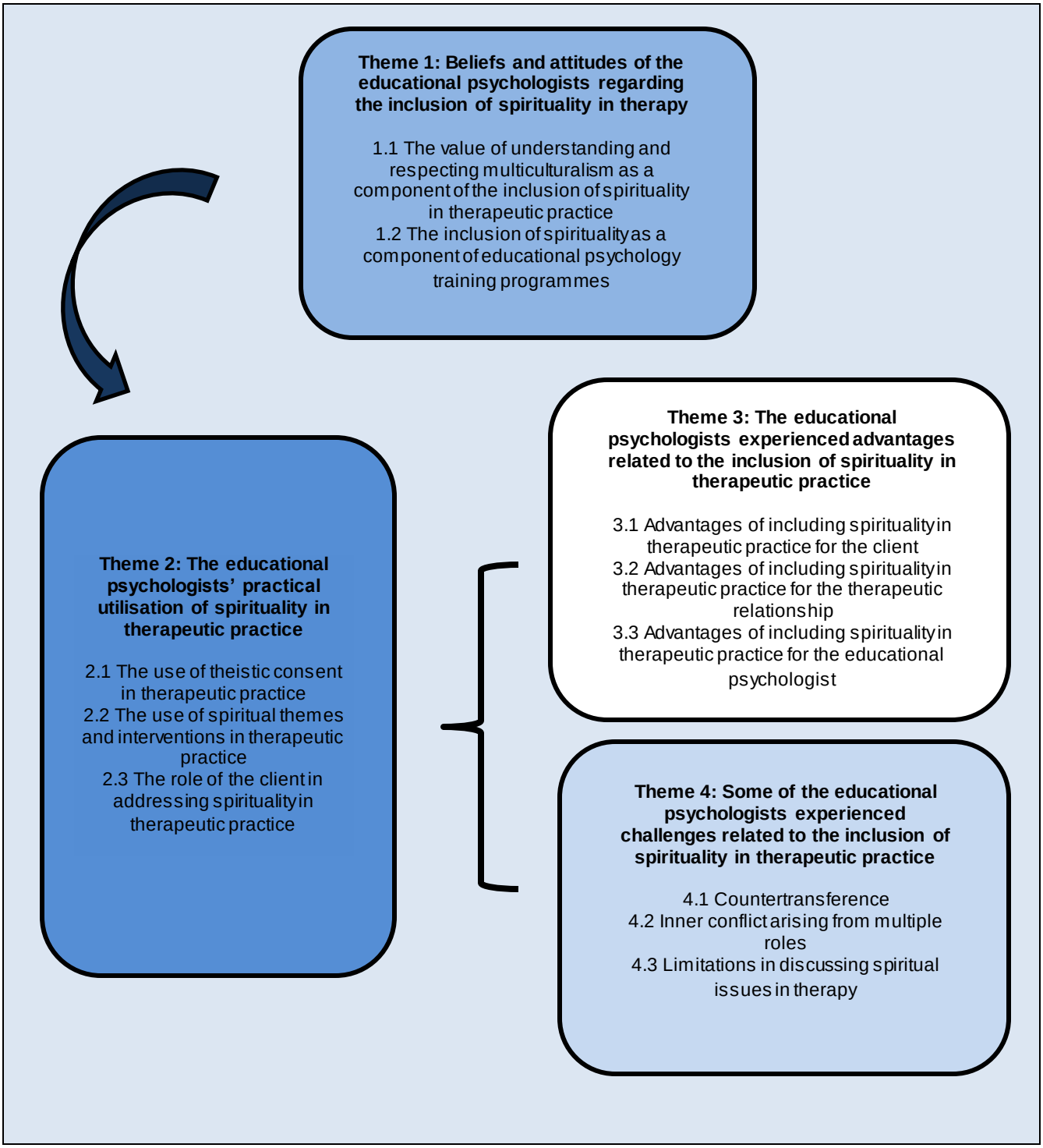

Figure 4.1: Themes and subthemes derived from the data

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4.2.1 Theme 1: Beliefs and attitudes of the educational psychologists regarding the inclusion of spirituality in therapy

The first theme, which relates to the dominant personal beliefs and attitudes of the participating educational psychologists regarding the inclusion of spirituality in therapeutic practice, serves to provide a response to the first of the secondary research questions, namely "What are the beliefs and attitudes of educational psychologists regarding the inclusion of spirituality in therapeutic practice?" The first subtheme illustrates the value and importance of understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapy. The second subtheme comprises the reflections of the participants regarding their own training as well as their thoughts on the inclusion of spirituality as a component of educational psychology training programmes. The inclusion and exclusion criteria used in the development of the subthemes within this first theme are outlined in Table 4.1.

Table 4.1: Inclusion and exclusion criteria utilised for Theme 1

Theme 1: Beliefs and attitudes of the educational psychologists regarding the inclusion of spirituality in therapy		
Subthemes	**Inclusion Criteria**	**Exclusion Criteria**
Subtheme 1.1: The value of understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice	This subtheme includes data related to the participants' beliefs and attitudes regarding the value of understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapy in the field of educational psychology.	Any reference not related to the participants' beliefs and attitudes regarding the value of understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapy in the field of educational psychology.
Category 1.1.1: Educational psychologists' cultural awareness is valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice	This subtheme includes data related to the value of the participants' cultural awareness as it relates to their understanding and respect of multiculturalism as a component of the inclusion of spirituality in therapeutic practice.	Any reference not related to the participants' cultural awareness as valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice.
Category 1.1.2: Educational psychologists' spiritual beliefs are valuable in understanding and respecting multiculturalism as a	This subtheme includes data related to the value of the participants' spiritual beliefs as it relates to their understanding and respect of multiculturalism as a component of the inclusion of spirituality in therapeutic practice.	Any reference not related to the participants' spiritual beliefs as valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice.

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component of the inclusion of spirituality in therapeutic practice		
Category 1.1.3: Educational psychologists' client-directed approach is valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice	This subtheme includes data related to the value of the participants' approach as client-led as it relates to their understanding and respect of multiculturalism as a component of the inclusion of spirituality in therapeutic practice.	Any reference not related to the participants' spiritual beliefs as valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice.
Subtheme 1.2: The inclusion of spirituality as a component of educational psychology training programmes	This subtheme includes data related to the participants' beliefs and attitudes regarding the inclusion of spirituality as a component of educational psychology training programmes.	Any reference not related to the participants' beliefs and attitudes regarding the inclusion of spirituality as a component of educational psychology training programmes.
Category 1.2.1: The broad and diverse nature of spirituality as it pertains to the inclusion of spirituality as a component of educational psychology training programs.	This subtheme includes data related to the participants' views regarding the broad and diverse nature of spirituality with regard to the inclusion of spirituality as a component of educational psychology training programs.	Any reference not related to the participants' views regarding the broad and diverse nature of spirituality with regard to the inclusion of spirituality as a component of educational psychology training programs.
Category 1.2.2: The benefits pertaining to the inclusion of spirituality as a component of educational psychology training programs according to the participants.	This subtheme includes data related to the participants' views regarding the possible benefits of the inclusion of spirituality as a component of educational psychology training programs according to the participants.	Any reference not related to the participants' views regarding the possible benefits of the inclusion of spirituality as a component of educational psychology training programs according to the participants.
Category 1.2.3: The nature of the inclusion of spirituality as a component of educational psychology training programs as personal compared to institutional	This subtheme includes data related to the participants' views regarding the nature of training as either personal or institutional with regard to the inclusion of spirituality as a component of educational psychology training programs.	Any reference not related to the participants' views regarding the nature of training as either personal or institutional with regard to the inclusion of spirituality as a component of educational psychology training programs.

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4.2.1.1 Subtheme 1.1: The value of understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice

When asked to determine the necessity of multiculturalism as the participants experienced it personally as well as in their daily practice, the overriding response appeared to be conscious awareness of the value of a multicultural stance as a significant aspect of their inclusion of spirituality in their roles as educational psychologists. Various characteristics and approaches displayed by the educational psychologists tended to influence their understanding and respect of multiculturalism as a framework within which to ground their practice. These aspects can be arranged according to three categories, which are outlined in the sections below.

4.2.1.1.1 Category 1.1.1: Educational psychologists' cultural awareness is valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice

Participant 3 noted, regarding the value of cultural awareness, "It's very important to be aware of [culture]. You level the playing field and you are aware of as much as possible – it's critical" (Appendix C – P9, L90). She went on to identify the characteristics of a multicultural stance which she had observed in her university lecturer, particularly: "… she has so much humility, no judgement …" (Appendix C – P9, L91). Participant 1 concurred with this perspective, providing an example which illustrated the way in which her stance enriched her practice: "What I see here is how important it is for the girls. I will often ask the black girls what the meanings of their names are and that connects you with them immediately. I think it's very important, and to be open to their cultural beliefs as well" (Appendix A – P3, L98-100). She went on to discuss a case in which her client, who had recently experienced bereavement on the death of her mother, found it difficult to express her grief. The participant discovered that the client held the belief that if she cried about her mother's death, her mother's twin sister would also die (Appendix A – P3, L102-103). She added: "It's important to know those things or to have the relationship where they're open to tell you those things. So I think it's very important to be culturally aware" (Appendix A – P3, L103-104).

Reflecting on the value of multiculturalism, Participant 4 stated: "I do think it is an important consideration in your practice and one needs to be aware of how to deal with different cultures and their beliefs and backgrounds to some extent" (Appendix D – P12 & 13, L109-110). However, she noted that in her experience, "psychologists tend to remain in certain niche areas" (Appendix D – P12 & 13, L110-111) where they are sought out by clients who share their own cultural and spiritual backgrounds (Appendix D – P10, L10-11). Participant 2 observed: "… It will greatly benefit clients in our multicultural land to have therapists trained to practice multiculturally. Institutions obviously need to provide sufficient theoretical background, research, etc., into preparing the training programmes in order for it to be successful" (Appendix B – P6, L86-87).

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4.2.1.1.2 Category 1.1.2: Educational psychologists' spiritual beliefs are valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice

Each of the participants referred to a connection between their particular belief system and the way in which they viewed and interacted with clients of varying cultural backgrounds – in other words, their multicultural stance. Associations could be established regarding the influence of the participants' attitudes towards their clients and the subsequent therapeutic experience. These connections could be described as both positive and negative in terms of their effect on the psychologist's ability to conduct therapy. An excerpt from my research journal documented this aspect of the research process:

As I embarked on the process of thematic analysis, I found that I did not want to restrict my themes to the research questions I needed to answer. I rather attempted to look beyond my questions for other themes and trends that may have been apparent in the data. The influence of the clients' beliefs on their multicultural attitudes was already linked to one of my interview questions. However, I had not foreseen that the participants would indicate that their stance also affected their experience of therapy with their clients (Research Journal, 28 May 2016).

In considering her attitude towards clients of different cultural and spiritual backgrounds, Participant 1 demonstrated the influence of her belief system on her attitudes. She observed: "I still love them, because I think that is part of Christianity, to see them as somebody that God made and loves. So I still love them and still care for them and will still do my best for them … I think it influences the type of therapy but not the quality of the therapy" (Appendix A – P2, L44-45 & 47). Participant 2 displayed a multicultural perspective that appeared to correspond to the observation offered by Participant 1, stating: "I do feel that my personal spiritual meaning-making influences my therapeutic practice. It allows me to work multiculturally and be open to a variety of perspectives, opinions and outlooks in an open-minded manner. Furthermore, it is the lens that shapes my therapeutic approach because in my therapeutic sessions I often tap into clients' resources, of which spiritual outlooks and faith are often a part" (Appendix B – P4, L14-16). She went on to note: "… Spirituality implies that I see beyond the teachings and boundaries of individual religions to understand common outlooks, goals and values that individuals may share" (Appendix B – P4, L10-11). Participant 4 articulated that she did not consider her personal views to be an influential factor with respect to the therapeutic process. However, she demonstrated the role of her beliefs with reference to the direction of therapy with her clients with the following example: "I use the universal principles of religion, because it's applicable to basically each and every one of us – you know, kindness, generosity, trust and honesty, you know

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even if you're not a religious person, they're just universal, applicable principles" (Appendix D – P10, L30-32).

4.2.1.1.3 *Category 1.1.3: Educational psychologists' client-directed approach is valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice*

Despite the type of consent used, interventions employed or nature of the therapeutic experience with spiritual clients, each of the participants described their practice as directed by the client, regardless of the belief system. Participant 1 described her use of spiritual interventions by stating: "I will use something that perhaps the client used before or said before" (Appendix A – P2, L68) and that: "I have only used scripture when they gave it to me" (Appendix A – P3, L81). She added: "… I think good therapists will never force something on the client. I think you go where the client leads you" (Appendix A – P3, L87). Participant 2, reflecting on her experiences with her clients in therapy, observed: "Clients tend to lead the discussion in therapy, as the nature of therapy is that a person discusses or emphasises what is significant for them" (Appendix B – P5, L48). Both Participant 3 and 4 concurred with the above statements, with Participant 3 noting: "I would go where the client leads me; I don't want to be prescriptive" (Appendix C – P8, L50), and Participant 4 stated: "…Firstly, I would establish their religious inclinations so I know whether to bring in religion or not" (Appendix D – P10, L29). My reflection on this subtheme is presented in this excerpt from my research journal:

This section of this subtheme, relating to the client-led nature of the educational psychologists' practice, was once again not included in my interview questions, but rather arose due to my attempts to look beyond the questions that I wanted to answer and to understand the trends that appeared more organically. The nature of the participants' practice as largely guided by their clients appeared to me to be the soundest approach to the inclusion of spirituality in therapy and also as a safeguard against any pitfalls and ethical issues that might arise. (Research Journal, 30 May 2016)

4.2.1.2 *Subtheme 1.2: The inclusion of spirituality as a component of educational psychology training programmes*

This subtheme comprises the reflections of the participants regarding their positions on the topic of the inclusion of spirituality as a component of educational psychology training programmes. The participants delivered mixed responses in this regard. Their perspectives have been organised according to three categories which are discussed below.

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4.2.1.2.1 Category 1.2.1: The broad and diverse nature of spirituality as it pertains to the inclusion of spirituality as a component of educational psychology training programs.

Participants 1 and 3 did not feel that the inclusion of this sphere of functioning within educational psychology training programmes would be desirable. Participant 1 argued: "I don't know that it must be included in training. I don't think so, because then they will have to incorporate Hinduism and go to all the spiritual realms" (Appendix A – P3, L94-95). Participant 3 indicated a similar attitude in this regard: "I think you would have to do that by yourself or with your own shul or spiritual advisor because there are just so many different beliefs. We were drilled to respect individuality, people's growth" (Appendix C – P3, L94-95).

4.2.1.2.2 Category 1.2.2: The benefits pertaining to the inclusion of spirituality as a component of educational psychology training programs according to the participants.

Participants 2 and 4 indicated their support for the addition of spirituality as an element of the training of educational psychologists. Participant 2 remarked in this regard: "I … think it will greatly benefit clients in our multicultural land to have therapists trained to practice multiculturally. Institutions obviously need to provide sufficient theoretical background, research, etc. in preparing the training programmes in order for them to be successful" (Appendix B – P6, L90-91). Participant 4 demonstrated her positive stance towards the inclusion of spirituality in training programmes, stating: "I strongly believe that the universal principles of religion can play a huge role, if your client is so inclined, in the therapeutic process" (Appendix D – P12, L104).

4.2.1.2.3 Category 1.2.3: The nature of the inclusion of spirituality as a component of educational psychology training programs as personal compared to institutional

Participant 3 indicated that this aspect of psychological training and development should be conducted on a personal rather than an educational level: "I think you would have to do that by yourself or with your own shul or spiritual advisor because there are just so many different beliefs. We were drilled to respect individuality, people's growth. I think it's a personal spiritual supervision journey that you go on" (Appendix C – P3, L94-95).

4.2.2 Theme 2: The educational psychologists' practical utilisation of spirituality in therapeutic practice

The second theme to emerge elicited a response to the second secondary research question, namely, "In which ways do educational psychologists practically utilise spirituality in therapeutic practice?" This theme depicts the experiences of the participants as they relate to their use of spirituality in their daily

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therapeutic practice. Three subthemes arose from the data in this section, which centred on the educational psychologists' use of theistic consent in therapeutic practice, the particular use of spiritual themes and interventions they employed in therapeutic practice and the influence of spiritual clients' belief systems on the therapeutic process. The inclusion and exclusion criteria used in the determination of the various subthemes are presented in Table 4.2.

Table 4.2: Inclusion and exclusion criteria utilised for Theme 2

Theme 2: The educational psychologists' practical utilisation of spirituality in therapeutic practice		
Subthemes	**Inclusion Criteria**	**Exclusion Criteria**
Subtheme 2.1: The use of theistic consent in therapeutic practice	This subtheme includes data related to the participants' use of any type of theistic consent in therapeutic practice, referring to the incorporation of the client's consent to discuss his or her spirituality.	Any reference not related to the participants' use of any type of theistic consent in therapeutic practice, referring to the incorporation of the client's consent to discuss his or her spirituality.
Category 2.1.1: The use of informal theistic consent in therapeutic practice	This category includes data related to the participants' use of informal theistic consent in therapeutic practice.	Any reference not related to the participants' use of informal theistic consent in therapeutic practice.
Category 2.1.2: The use of formal theistic consent in therapeutic practice	This category includes data related to participants' use of formal theistic consent in therapeutic practice.	Any reference not related to the participants' use of formal theistic consent in therapeutic practice.
Category 2.1.3: Absence of theistic consent in therapeutic practice	This category includes data related to the participants' lack of use of theistic consent in therapeutic practice.	Any reference not related to the participants' lack of use of theistic consent in therapeutic practice.
Subtheme 2.2: The use of spiritual themes and interventions in therapeutic practice	This subtheme includes data related to the participants' use of spiritual areas of focus, including spiritual themes or interventions in therapeutic settings.	Any reference not related to the participants' use of spiritual areas of focus, which include spiritual themes or interventions in therapeutic settings.
Category 2.2.1: The use of spiritual themes in therapeutic practice	This category includes data related to the participants' use of any type of spiritual themes in therapeutic practice. Spiritual themes as a focus in therapeutic practice include religious ideologies and principles, spirituality as a mechanism for meaning-making, and the use of spirituality as a resource.	Any reference not related to the participants' use of any type of spiritual themes in therapeutic practice.
Category 2.2.2: The use of spiritual interventions in therapeutic practice	This category includes data related to the participants' use of any type of spiritual intervention in therapeutic settings. Spiritual interventions represent techniques that are specific to a particular spiritual belief system. Their use may be an aid to achieving the goals	Any reference not related to the participants' use of any type of spiritual intervention in therapeutic settings.

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Theme 2: The educational psychologists' practical utilisation of spirituality in therapeutic practice		
	of therapy with clients in therapeutic settings.	
Subtheme 2.3: The role of the client in addressing spirituality in therapeutic practice	This subtheme includes data related to the participants' experiences regarding the role of the client in addressing spirituality in therapeutic practice, which includes the influence of spiritual clients' belief systems on the therapeutic practice, clients' willingness to address their spiritual beliefs in therapy, and clients' tendency to seek out educational psychologists with similar belief systems.	Any reference not related to the participants' experiences regarding the role of the client in addressing spirituality in therapeutic practice, including the influence of spiritual clients' belief systems on the therapeutic practice, clients' willingness to address their spiritual beliefs in therapy, and clients' tendency to seek out educational psychologists with similar belief systems.
Category 2.3.1: Clients' spiritual beliefs influence the therapeutic process	This subtheme includes data related to the participants' experiences regarding the influence of spiritual clients' beliefs on the nature of the therapeutic process.	Any reference not related to the participants' experiences regarding the influence of spiritual clients' beliefs on the nature of the therapeutic process.
Category 2.3.2: Spiritual clients display a willingness to address their spiritual beliefs in therapy	This subtheme includes data related to the participants' experiences regarding spiritual clients' willingness to address their spiritual beliefs in therapy.	Any reference not related to the participants' experiences regarding spiritual clients' willingness to address their spiritual beliefs in therapy.
Category 2.3.3: Spiritual clients seek out educational psychologists with similar belief systems	This subtheme includes data related to the participants' experiences regarding spiritual clients' tendency to seek out educational psychologists with similar belief systems.	Any reference not related to the participants' experiences regarding spiritual clients' tendency to seek out educational psychologists with similar belief systems.

4.2.2.1 Subtheme 2.1: The use of theistic consent in therapeutic practice

Theistic informed consent is referred to as an agreement between the client and the psychologist that is signed at the outset of therapy. Such a document contains shared goals and directions of therapy, particularly in the area of spirituality (Shumway & Waldo, 2012). When the participants were asked to reflect on their views and practices concerning the use of theistic consent with their clients, a variety of views arose. These responses can be grouped into three categories pertaining to their use of informal theistic consent, the use of formal theistic consent, and the absence of any theistic consent. My thoughts on this subtheme, quoted from my research journal, are as follows:

I did not envisage that the participants' responses to the topic of theistic consent would be so varied. I had researched this aspect of therapy with religious clients, and theoretically it appeared to be a wise choice to make, bearing in mind the ethical considerations that must be taken into account in this practice. After sorting through the participants' opinions and experiences relating to theistic consent, I realised that real-life practice does not always

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mirror what is found in the literature and that each particular situation often dictates the actions of the psychologist (Research Journal, 22 May 2016).

4.2.2.1.1 Category 2.1.1: The use of informal theistic consent in therapeutic practice

For the purpose of this study, informal theistic consent is described as the use of probing in order to determine the preferences of the client, resulting in a verbal agreement outlining the direction of therapy (Shumway & Waldo, 2012). In this regard, Participant 1 noted: "I would never ask them to sign anything, but I think it's important to get permission, like you do with hypnotherapy. I will never do it without asking for consent but I won't ask them to sign consent" (Appendix A – P2, L60-61). Participant 3 did not consider the use of theistic consent to be necessary, but qualified her statement as follows: "It doesn't preclude being sensitive and saying can we discuss this?" (Appendix C – P8, L46-47). Participant 4 communicated her use of theistic consent in an informal manner, noting: "When I work with a non-Muslim for example, I try to establish if they are religious so then I know whether to bring in God, and speak about God but in very universal terms" (Appendix D – P10, L22-23).

4.2.1.1.1 Category 2.1.2: The use of formal theistic consent in therapeutic practice

Participant 4 was the only participating educational psychologist to describe her contracting process as inclusive of formal theistic consent. She stated: "When I do contracting, one of the clauses is that I have fully explained all the procedures and techniques that are going to be used with you, so I do discuss it in the contracting process, that yes, I use the traditional Western psychological approach, and I use the Islamic approach, if it is a Muslim person, and if not, I use a religious approach using universal principles of religion, if they are open to that, as well as alternative healing techniques" (Appendix D – P14, L43-46).

4.2.2.1.2 Category 2.1.3: Absence of theistic consent in therapeutic practice

When interviewed regarding her use of theistic consent, Participant 3 stated: "No, I wouldn't because then I would have to think about discussing sexual orientation, sexual beliefs, relationships – it would become like why only that? I think it would open up the gateway to a million things that you'd have to sign for. It doesn't preclude being sensitive and saying 'Can we discuss this?'" (Appendix C – P10, L45-47).

4.2.2.2 Subtheme 2.2: The use of spiritual themes and interventions in therapeutic practice

This subtheme provides a demonstration of the practical uses of spirituality in therapeutic settings, according to the participants. It comprises categories pertaining to the inclusion of spirituality according to specific themes when working with religious clients, as well as practical interventions utilised by the participants as part of their therapy.

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4.2.2.2.1 Category 2.2.1: The use of spiritual themes in therapeutic practice

For the purpose of this study, this category refers to any particular spiritual theme included by the participants in therapy with their religious clients. Participant 1 described her use of spiritual areas of focus as informal, stating: "… On the spur of the moment I will use something that perhaps the client used before or said before" (Appendix A – P2, L68). Participant 2 tended to include general areas such as "… Any beliefs, traits, characteristics, strengths or experiences that a client indicates as significant through his or her discussions" (Appendix B – P5, L44-45). Participant 3 referred to her inclusion of spiritual meaning, elaborating: "On a more spiritual level there are times when I feel that they do need to a find a spiritual anchor. Like this young girl who tried to commit suicide, she needed an anchor, and I think spirituality opens a door to purpose and meaning and you being meaningful and your life and presence, being chosen to be here. So I think there is a time when I would go for the spiritual purpose" (Appendix C – P8, L50-53). Participant 4 indicated that she used religious ideology pertaining to the particular presenting issue: "I think particularly with bereavement, for example with someone who is Muslim, I would focus a lot on the religious principles involved there, about life after death, heaven – the person is in a good place, they are still living on, they can still hear you, you can talk to them and communicate your feelings to them and they will be with you. All of those principles that are specific to that religious background, I definitely do use that. Also with trauma, and certain other instances where it is necessary to use them" (Appendix D – P11, L52-55).

4.2.2.2.2 Category 2.2.2: The use of spiritual interventions in therapeutic practice

Spiritual interventions are techniques specific to a particular spiritual belief system. Their use may be an aid to achieving the goals of therapy with clients in therapeutic settings. Such interventions refer to methods such as prayer and reading from religious texts (Kersting, 2003). Participant 1 described her use of spiritual interventions as follows: "I often use mottoes or verses that they use and then I will incorporate that into their therapy, and even if you do ego state therapy, often God or their Christianity is one of the ego states and then I use that" (Appendix A – P1 & 2, L35-36). Participant 2 expanded upon her use of a wide range of interventions: "… I would use verses from the Quran to illustrate points or support the client's narrative. Another example is that I have quoted practices of the Prophet Mohammed in a manner that acknowledges or validates the client or his or her experience. In other situations I have discussed with clients the significance of the life stories of some prophets and their experiences in an effort to use these religious examples metaphorically in sessions. With religious/spiritual clients who indicated anger for a support mechanism, I have on occasion referred to verses from the Quran and other prayers that they may make use of when appropriate" (Appendix B – P5, L59-64).

Participant 4 provided similar evidence of her practices: "I use a lot of prayers from the Quran and other religious teachings because it really brings about, I feel – and the patients have seen it for

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themselves – a greater sense of peace, and it helps the therapeutic process along. So for example if someone has fears and anxieties – and they are all taught this from a young age – we'd say let's pray for this, every night before you go to bed, think about good and happy things, and it enhances the process. And with non-Muslims, or those who have different religious beliefs, once again I would bring in praying to God. If it's a Hindu person, I would say light your lamp and pray to Ganesh, or whichever God they are praying to and ask Him for protection. Do what you need to do in your religion to help you to feel safe and that you are under God's protection, when it comes to fears and anxieties" (Appendix D – P11, L64-70). My reflection on the participants' responses is presented in the excerpt below:

The responses provided by the participants centring on the topic of their use of spirituality in everyday practice were varied and unique to each psychologist. While the extent to which they used spiritual interventions and themes, and the ease with which they did so tended to differ, I noticed that throughout, there seemed to a recurring theme of the use or role of spirituality as a resource (Research Journal, 28 May 2016).

4.2.2.3 Subtheme 2.3: The role of the client in addressing spirituality in therapeutic practice

This subtheme incorporates the participants' experience of the nature of therapeutic practice with spiritual clients. In particular, this section includes aspects of the data relating to the role of spiritual clients in addressing spirituality in therapeutic practice. The results of this subtheme are presented according to three categories referring to the influence of clients' spiritual beliefs on the therapeutic process, the degree of willingness of spiritual clients to address their spiritual beliefs in therapy and the tendency of spiritual clients to seek out educational psychologists with similar belief systems.

4.2.2.3.1 Category 2.3.1: Clients' spiritual beliefs influence the therapeutic process

Each of the participants identified differences in the therapeutic process when their experiences with spiritual clients were compared with those experiences with clients who did not hold such beliefs. Participant 2, referring to the therapy she conducted with religious clients, noted: "With these clients their religious affiliations usually guide the therapeutic process to varying degrees. Their religious views are often the lens they use to make sense of and appraise the current life situations and problems that lead them into therapy. With such clients, their faith and religious beliefs take dominance in their developmental processes and the overcoming of their individual challenges. Thus, their religious views tend be activated as a strength. Clients with different appraisal processes, in terms of religion/religious affiliation, tend not to rely on their faith – or as greatly – as clients who are more religious or spiritually inclined. They tend to tap into a broader variety of intrinsic or extrinsic strengths" (Appendix B – P4, L21-26).

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Participant 4 observed distinctions in therapy with clients holding spiritual beliefs similar to her own in comparison with other clients' beliefs: "When I work with a non-Muslim, for example, I try to establish if they are religious so then I know whether to bring in God, and speak about God but in very universal terms. But with regard to my Muslim patients, when I do bring in religion, especially in certain specific areas like bereavement, where we tend to use religious sayings or things that have a religious background, it seems to have a greater impact on the therapeutic practice. They seem to progress faster and it just seems to be a better experience for them, the healing process that is" (Appendix D – P10, L22-25).

4.2.2.3.2 Category 2.3.2: Spiritual clients display willingness to address their spiritual beliefs in therapy

The participants gave a wide indication of the willingness of spiritual clients to address their spiritual beliefs in therapy. Participant 1 noted that she experienced her clients who had spiritual beliefs to be willing to address them in therapy (Appendix A – P2, L50). She added: "I think they also realise that it doesn't make a difference to me … They don't mind if I include it in therapy, I always find that it gives them strength. I've never found one that says that they're religious or spiritual and that didn't want to …" (Appendix A – P2, L50 & 53-54). Participant 2 observed: "From my experience, clients are not reluctant to share or express their religious beliefs during therapeutic sessions. I have noted this in both clients who share my religious beliefs and those who don't. I attribute this to the open, warm and non-judgmental atmosphere that I initially establish as part of rapport-building with clients" (Appendix B – P5, L34-36). Participant 4 concurred with this finding, stating: "I think if they are more religious they are much more open to including those aspects in the counselling or therapeutic process" (Appendix D – P10-11, L35-36). Participant 3 noted that she experienced this aspect to be an unconscious process and that: "… To some extent it's not thought through" (Appendix C – P8, L40).

4.2.2.3.3 Category 2.3.3: Spiritual clients seek out educational psychologists with similar belief systems

Participant 4 noted that she experiences her clients as actively searching for a psychologist who shares their spiritual belief system. She observed: "I have a lot of patients largely from within the Muslim community, Muslim and non-Muslim. But a large proportion of my clients are Muslim and they come to me specifically because they want to see somebody who shares a similar or the same religious background. So definitely it does play a huge role. They actually look – there are other practitioners in the area – not that that many – but they would say to me, I want someone who's a Muslim so that you can understand where I'm coming from" (Appendix D – P13, L10-13).

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4.2.3 Theme 3: The educational psychologists experienced advantages related to the inclusion of spirituality in therapeutic practice

Theme 3 concerns the advantages of the inclusion of clients' spiritual beliefs in therapy and offers a response to the third secondary research question, namely, "What are the advantages, if any, that educational psychologists experience in including spirituality in therapeutic practice?" The participants identified a wide range of benefits pertaining to the role of spirituality according to their experiences.

Three subthemes arose from this data, according to the participants' experiences of the advantages for the client, the client/therapist relationship and the educational psychologist. The inclusion and exclusion criteria utilised in the determination of each subtheme are presented in table 4.3.

Table 4.3: Inclusion and exclusion criteria utilised for Theme 3

Theme 3: The educational psychologists experienced advantages related to the inclusion of spirituality in therapeutic practice		
Subthemes	**Inclusion Criteria**	**Exclusion Criteria**
Subtheme 3.1: Advantages (if any) of including spirituality in therapeutic practice for the client	This subtheme includes data related to the participants' experiences regarding the advantages, if any, of including spirituality in the therapeutic practice for the clients themselves.	Any reference not related to the participants' experiences regarding the advantages of including spirituality in the therapeutic practice for the clients themselves.
Subtheme 3.2: Advantages (if any) of including spirituality in therapeutic practice for the therapeutic relationship	This subtheme includes data related to the participants' experiences regarding the advantages (if any) of including spirituality in the therapeutic practice for the therapeutic relationship.	Any reference not related to the participants' experiences regarding the advantages of including spirituality in the therapeutic practice for the therapeutic relationship.
Subtheme 3.3: Advantages (if any) of including spirituality in therapeutic practice for the educational psychologist	This subtheme includes data related to the participants' experiences regarding the advantages (if any) of including spirituality in the therapeutic practice for the educational psychologist.	Any reference not related to the participants' experiences regarding the advantages of including spirituality in the therapeutic practice for the educational psychologist.

4.2.3.1 Subtheme 3.1: Advantages of including spirituality in therapeutic practice for the client

The participants, upon reflecting on the advantages of the inclusion of spirituality in the therapeutic practice, identified various benefits that they experienced in view of their spiritual clients. The first participant observed: "I always find that it gives them strength" (Appendix A - P2, L53). This point was echoed by Participant 2, who stated: "… I observed clients to display a sense of intrinsic strength. Other times clients displayed a sense of relief and comfort" (Appendix B – P5, L66-67). She further

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noted, regarding her spiritual clients: "Their religious views are often the lens they use to make sense of and appraise the current life situations and problems that lead them into therapy. With such clients, their faith and religious beliefs take dominance in their developmental processes and the overcoming of their individual challenges. Thus, their religious views tend be activated as a strength" (Appendix B – P4, L22-24). Participant 3 agreed with this perspective, describing spiritual beliefs as "… a bedrock in their lives" (Appendix C – P8, L66). She went on to relate a case in which the client experienced significant benefits due to the voicing of her beliefs in therapy (Appendix C – P9, L75-77). This theme was further echoed by Participant 4, who stated: "… If spirituality or religion is a part of their life, and they come to see someone for such an important process in their life, it's something that maybe adds to their life experience in that they can identify with it and use it to facilitate the healing process … If it's someone who has certain beliefs, we would use that to speed up or add to or complement the therapeutic process" (Appendix D – P11, L36-39). She added: "… It really brings about, I feel – and the patients have seen it for themselves – a greater sense of peace …" (Appendix D – P11, L65).

4.2.3.2 Subtheme 3.2: Advantages of including spirituality in therapeutic practice for the therapeutic relationship

The participants related their experiences of a variety of benefits for their relationships with their spiritual clients as a result of including their beliefs in therapy. Both Participants 1 and 4 referred to the building of rapport as an advantage they had observed. Participant 1 noted: "I think that the more the client can connect with you, the more they can associate with you, the better the relationship is. And I think if it's a religious or spiritual client and they find that connection with you, I think it helps in therapy" (Appendix A – P3, L77-78). Participant 4 stated: "… It really contributes to the rapport, they often feel that the psychologist gets them, we're on the same wavelength" (Appendix D – P11, L6). Participant 3 acknowledged that: "In terms of meeting the client's needs, I think it's part of many factors that influence a client's life, so it's a very important factor" (Appendix C – P8, L58). In addition, Participant 2 observed: "I have had many clients verbally acknowledge gratitude for my use of spiritual beliefs in session. This in turn strengthened the therapeutic relationship in my experience" (Appendix B – P5, L67-68).

4.2.3.3 Subtheme 3.3: Advantages of including spirituality in therapeutic practice for the educational psychologist

Two of the participants described the advantages of including their clients' spirituality in therapy as pertaining to their own wellbeing as educational psychologists. Participant 1 observed: "I think that because it's such an important part of who I am, it gives me comfort that they know where their strength comes from" (Appendix A – P3, L89). Participant 4 noted: "The more we talk about God and His mercies – and in the process helping the person to find their way forward or giving them some

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kind of coping skills – it's a reminder to me that one of the biggest things I'm reminded of every day is gratitude. One of the biggest things in my religion is to give gratitude to your Lord for everything you have been blessed with, and I often do gratitude work which reminds me constantly, so it does enhance myself as an individual" (Appendix D – P12, L88-91). My thoughts on this subtheme are presented in the excerpt from my research journal below:

This subtheme presented an aspect of the data that I could relate to on a personal level. During a therapy session, my client referred to her faith and its importance in her life. After obtaining her permission to include these beliefs in therapy, I feel that the session unfolded in a way that was more meaningful to her due to the inclusion of her faith. She shared my own beliefs and affiliations, and after the therapy session I experienced a strengthening of my own faith and a sense of fulfilment due to the fact that I was able to help her in way that simultaneously appeared to build her own faith (Research Journal, 30 May 2016).

4.2.4 Theme 4: Some of the educational psychologists experienced challenges related to the inclusion of spirituality in therapeutic practice

Theme 4 provides a synopsis of the difficulties encountered by some of the participants regarding their inclusion of spirituality in therapy. These challenges include the educational psychologists' experience of countertransference, inner conflict arising from multiple roles and limitations experienced in discussing spiritual issues in therapy. These conflict areas and limitations have been identified as the three subthemes within this theme. The inclusion and exclusion criteria employed are presented in Table 4.4.

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Table 4.4: Inclusion and exclusion criteria utilised for Theme 4

Theme 4: Some of the educational psychologists experienced challenges related to the inclusion of spirituality in therapeutic practice		
Subthemes	**Inclusion Criteria**	**Exclusion Criteria**
Subtheme 4.1: Countertransference as an experienced challenge related to the inclusion of spirituality in therapeutic practice	This subtheme includes data related to countertransference as an experienced challenge in including spirituality in therapeutic practice.	Any reference not related to countertransference as an experienced challenge in including spirituality in therapeutic practice.
Subtheme 4.2: Inner conflict arising from multiple roles as an experienced challenge related to the inclusion of spirituality in therapeutic practice	This subtheme includes data related to inner conflict arising from multiple roles as an experienced challenge in including spirituality in therapeutic practice	Any reference not related to the inner conflict arising from multiple roles as an experienced challenge in including spirituality in therapeutic practice.
Subtheme 4.3: Limitations in discussing spiritual issues in therapy as an experienced challenge related to the inclusion of spirituality in therapeutic practice	This subtheme includes data related to limitations in discussing spiritual issues in therapy as an experienced challenge in including spirituality in therapeutic practice. Data included ranged from core and irrelevant religious topics, to taboo or sensitive themes and personal limitations imposed by the participants' own beliefs.	Any reference not related to the limitations in discussing spiritual issues in therapy as an experienced challenge in including spirituality in therapeutic practice.

4.2.4.1 Subtheme 4.1: Countertransference as an experienced challenge related to the inclusion of spirituality in therapeutic practice

Some of the participants encountered countertransference due to the interaction between their own belief systems and affiliations and those of their clients, both in situations where they shared the same beliefs and those in which they did not. Participant 1 stated that her beliefs tended to influence her own experience of therapy with those who do not have any spiritual beliefs: "I find it very difficult when they're not spiritual or religious because if you don't believe in someone bigger or wiser than you, you only depend on yourself and when you're down, there's nothing else to hold onto. So I find it difficult, and perhaps it is because I'm a Christian, but I won't refuse to see them, and it's not that I don't see progress, but it's more difficult for me as a therapist or as a Christian therapist" (Appendix A – P2, L39-41). Similarly, Participant 3 stated: "It would be hard for me to see an extremist Muslim, an extreme person in that area, because there are many implications for me as a Jew" (Appendix C – P8, L55-56). My thoughts on this category appear in this excerpt from my research journal:

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I did not foresee that the participants would indicate a negative connection between their belief system, multicultural stance and therapeutic experience. I have been taught about the importance of a multicultural standpoint as a psychologist but had not really considered the impact of one's own beliefs and background and the way in which these interact with clients of similar or different backgrounds. I feel that the most beneficial lesson I have learned at this stage of my research is the necessity of an awareness of the way in which one's demographics can influence therapy. This has allowed me to see the significance of the Respectful Model through the real-life experiences of the research participants (Research Journal, 28 May 2016).

4.2.4.2 Inner conflict arising from multiple roles as an experienced challenge related to the inclusion of spirituality in therapeutic practice

This subtheme illustrates the inner conflict that was experienced by some of the participants as a challenge to their inclusion of spirituality in therapy with spiritual clients. This conflict appeared to arise due to discrepancies between the therapeutic goals and the religious ideology pertinent to the client's belief system and the presenting problem. This incompatibility resulted in a subsequent incongruity between the educational psychologist's belief system and her role as educational psychologist.

Participant 3 illustrated these challenges at various intervals through the use of anecdotes based on clients she had encountered. When requested to reflect on the influence of her beliefs on her therapeutic practice, she stated: "Yes, it creates quite a lot of conflict" (Appendix C – P7, L8). She went on to relate the case of a young Jewish client who was experiencing discord with her parents due to her desire to establish romantic relationships outside of her faith. The psychologist felt conflicted due to the juxtaposition of her understanding of the motivation behind the parents' desire for their child to find a partner within the Jewish faith with her desire for the client to achieve self-discovery according to whichever path she might choose (Appendix C – P7, L8-12). In addition, she felt further conflicted by her dual roles of both mother and psychologist, stating: "I thought how would I feel if I was that mother and the therapist was saying to me, she needs to go on whatever journey she needs to go on" (Appendix C – P7, L13-14).

Participant 4 appeared to experience role conflict when she encountered spiritually afflicted clients. This challenge arose from her need to provide a service to a spiritual client whose presenting problem came into conflict with her own beliefs. She observed: "I don't know if you are familiar with instances where clients claim to be possessed – psychologically, we would say schizophrenia or personality disorder, but there's a very specific aspect of our religion that believes that there are spirits out there … I have encountered difficulties there because then it's very difficult to work with a person who is

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now moving away from religion even though they're sort of in a religion" (Appendix D – P12, L77-81). Similarly, Participant 3 recalled a situation in which a young client's parents required her to enforce certain spiritual aspects during therapy. In this situation, the psychologist felt that it conflicted with her role as a psychologist to do as the parents requested (Appendix C – P7, L26-30). She referred to role confusion that tends to arise when she sees clients who share her orthodox religious background as she is often required to enforce spiritual principles rather than pursue the therapeutic goals relevant to the client (Appendix C – P7, L25-29). She added: "The majority of clients that I see aren't Jewish and that is easier, because to see a client who is a staunch Christian, I wouldn't have an interest either way in whatever they believe, but because I have this interest, it's conflicting" (Appendix C – P7, L30-32). Participant 1 noted similar challenges: "I find it very difficult when they're not spiritual or religious because if you don't believe in someone bigger or wiser than you, you only depend on yourself and when you're down, there's nothing else to hold onto. So I find it difficult, and perhaps it is because I'm a Christian, but I won't refuse to see them, and it's not that I don't see progress, but it's more difficult for me as a therapist or as a Christian therapist" (Appendix A – P2, L39-41). My thoughts on Participant 3's response were recorded in my research journal:

I was interested in Participant 3's reflection on her experiences with clients who share her faith and beliefs. I anticipated that it would be more difficult for a psychologist to see a client having different beliefs or affiliations as this might pose more of a challenge in terms of barriers or boundaries interfering with that client. Participant 3 shed new light on this area for me on a personal level. I realised that the same level of self-awareness and reflection regarding one's own background and beliefs needs to be employed regardless of the degree of similarities or differences between the psychologist and the client (Research Journal, 30 May 2016).

Participant 3 previously related two instances in which the therapeutic goals for the client were not aligned with the more spiritually oriented rules and goals enforced by the parents. In addition, she illustrated a further example: "It's interesting, I had a young black girl who is a very strong Christian and she tried to commit suicide, so there was a lot of conflict for me there because that is problematic. I think that I had a problem trying to understand the belief set. Because of the contradictions and things about the church that I didn't understand – I didn't have a problem with them. I didn't dwell on that too much but it was a bit of a barrier, I felt" (Appendix C – P7 & 8, L34-36). Participant 4, when asked to reflect on the challenges she experienced, noted: "More typically, yes, it does present difficulties when you are dealing with things like suicide that are 'against' religion. It's more difficult to deal with those things, especially those that are taboo to say to the person and it's going to be working against the healing process. So it is difficult to be involved in that way. So you have to be very careful with how you use or bring spirituality or religion into the therapeutic process and how much of it and

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when" (Appendix D – P12, L82-85). Participant 4 further illustrated the conflict of religious ideology and therapeutic goals, observing: "… If we have a suicide case – and our religion has very specific ideology about what happens to a person's soul who has committed suicide – I would try and avoid discussing those gory details with them and go with more the empathy and understanding, and support and deal with the natural processes, whatever stage they are at" (Appendix D – P11, L57-59). In addition, Participant 3 highlighted an instance where the therapeutic goals did not align with her estimation of the role of spirituality in the client's life: "Sometimes I find that they don't have the resources in terms of their beliefs that I would assume they would have. So I say, if they are in a dark space and are an observant Jew or Christian, I assume that they can call on a resource, but sometimes they don't have that resource and it's a surprise for me, and then I have to let that go, and let them find a resource, not necessarily a religious one" (Appendix C – P, L69-71).

4.2.4.3 Subtheme 4.3: Limitations in discussing spiritual issues in therapy as an experienced challenge related to the inclusion of spirituality in therapeutic practice

This subtheme deals with the specific limitations encountered by some of the participants in their inclusion of spiritual clients' beliefs in therapy. These areas ranged from both core and irrelevant religious topics, to taboo or sensitive themes and personal limitations imposed by the participants' own beliefs. It appeared that religious issues, both those that might be considered irrelevant to the therapeutic conversation, as well as those that might be contentious due to their sensitive nature as core issues, represented areas that might be avoided. Participant 2 observed that she avoided discussing topics that are not significant to the client: "Clients tend to lead the discussion in therapy, as the nature of therapy is that a person discusses or emphasises what is significant for them, on a subconscious level … I would similarly avoid any topics that the client does not show an inclination to discuss" (Appendix B – P5, L48-50). Participant 1, reflecting on spiritual areas that she avoided in therapy, stated: "I will never talk about things that I feel are not the core issues about religion. I will never talk about baptism, you know those issues that are church-linked. I will never talk about anything like that, more the faith and the fact that God is there and that He loves you and planned you. You were a thought; He wanted you to be there. I will never go into the nitty gritty, what people fight about, or homosexuality" (Appendix A – P2 & 3, L72-74). Participant 4 added in this regard: "… For example, if we have a suicide case, and our religion has very specific ideology about what happens to a person's soul who has committed suicide, so I would try and avoid discussing those gory details with them" (Appendix D – P11, L57-59).

In addition, it appeared that some of the participants were at times restricted in their inclusion of spirituality in therapy as a result of their own spiritual beliefs and the way in which these might interact with their clients' beliefs. Participant 3 observed: "It would be hard for me to see an extremist Muslim, an extreme person in that area, because there are many implications for me as a Jew" (Appendix C

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– P8, L55). She also notes: "The majority of clients that I see aren't Jewish and that is easier, because to see a client that is a staunch Christian, I wouldn't have an interest either way in whatever they believe, but because I have this interest, it's conflicting" (Appendix C – P7, L30-32). Participant 4 also referred to difficulties she experienced in working with spiritually afflicted clients, stating: "I must say I really don't enjoy working with those kinds of cases and try to avoid them at all costs." (Appendix D – P12, L82.)

4.3 Conclusion

A variety of themes emerged from the data gathered from the four participating educational psychologists. These included the beliefs and attitudes of the educational psychologists as they pertain to the inclusion of spirituality in therapeutic practice, as well as the effects of their stance on their therapeutic practice. With this framework in place, the participants' use of spirituality in practice was explored, particularly their use of theistic consent, spiritual themes and interventions and their experiences with spiritual clients. The final two themes related to the advantages and challenges perceived by the participants in their inclusion of spirituality in therapeutic practice. In the next chapter, the results of the study are compared with the existing literature in order to present the findings and insights of the investigation. The research questions posed in chapter 1 will be answered and the limitations, contributions and recommendations outlined.

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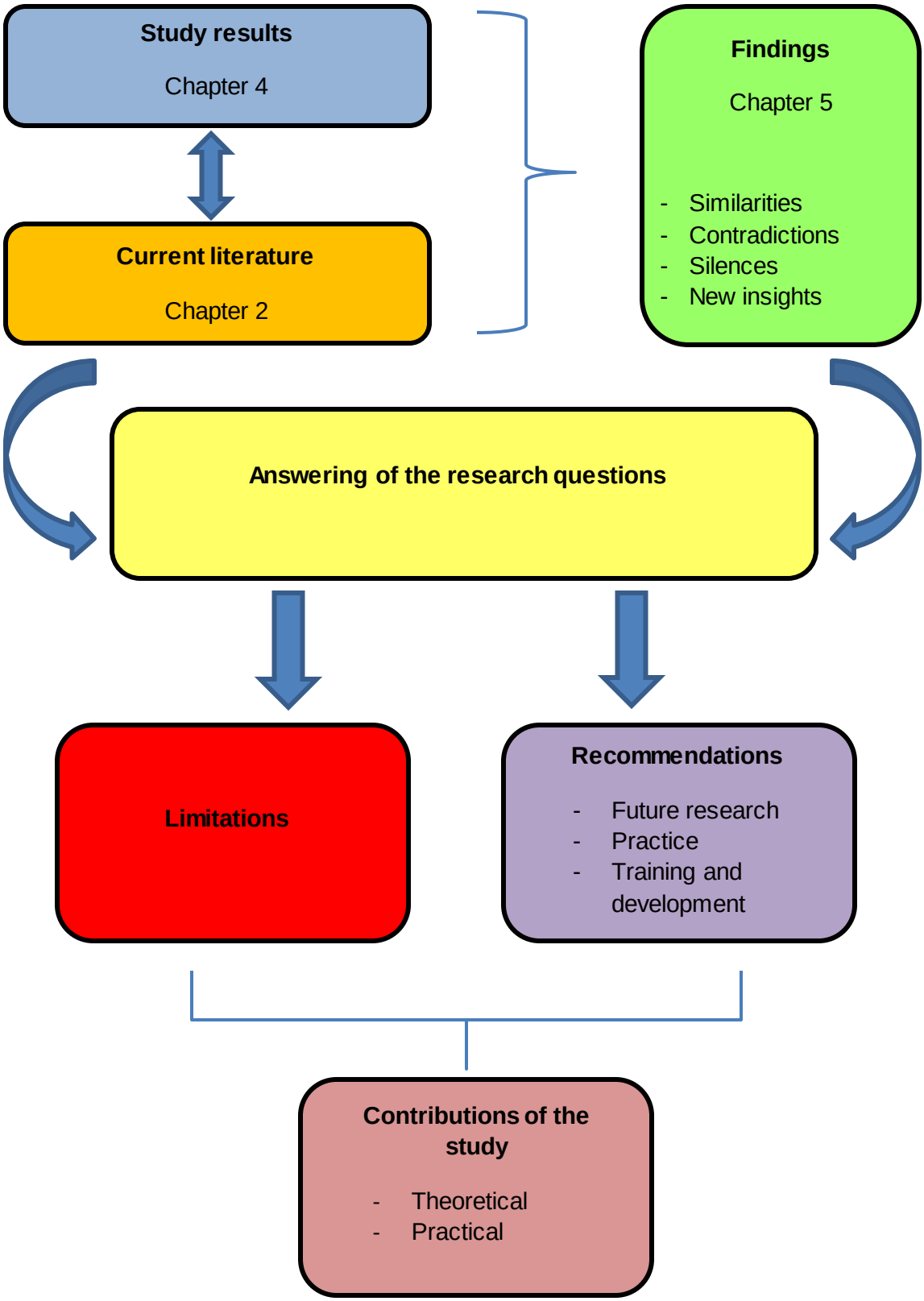
Conceptualisation of Chapter 5



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Chapter 5
Findings, Conclusions and Recommendations

5.1 Introduction

This chapter contextualises the results of the study within the existing framework of the literature. In consideration of this intention, the data collected is examined against the corresponding literature. Secondly, any contradictions that arise from this comparison are discussed. The review then addresses any silences found within the data. Following this process, the research questions posed at the beginning of the research process are answered according to the insights gained as they pertain to the experiences of the educational psychologists regarding the inclusion of spirituality in therapy. Finally, the limitations, contributions and recommendations arising from the study are discussed.

5.2 Revisiting my working assumptions

Based on my review of the existing literature, I formulated initial working assumptions for the current study in order to display my personal expectations and perspectives in a transparent manner. In this section, these initial assumptions will be queried in accordance with the findings.

5.2.1 Assumption 1: Spirituality in a therapeutic situation should not be ignored if a holistic conceptualisation of the client, context and presenting problem is to be gained

The value of the inclusion of spirituality in therapy was confirmed by the findings, which indicate the significance of the use of the Respectful cube (Ivey et al., 2002) and in particular the role of spirituality as one of the factors that requires attention on the part of the psychologist. Carr (2006) echoes this sentiment, noting the need for psychologists to gain a holistic and comprehensive understanding of their clients through an acknowledgement and exploration of all spheres of the client's life.

5.2.2 Assumption 2: Including clients' spiritual beliefs in therapy could be beneficial to their general wellbeing

The assumption relating to the value of the inclusion of spirituality in therapy for the client was confirmed by the findings of the study. It was found that the participating educational psychologists experienced that their clients referred to greater levels of support, peace, comfort and inner strength due to their inclusion of their beliefs in therapy. This finding was corroborated by a significant amount of literature concerning the connection between spirituality and wellbeing (Aten & Hernandez, 2004; Cragun & Friedlander, 2012; Dein et al., 2010; Koenig, 2012).

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5.2.3 Assumption 3: Assumptions about the client are sometimes made by the psychologist based on his or her spiritual beliefs or religious affiliations, which could lead to issues of countertransference

This findings of the study confirmed that assumptions tend to be made by psychologists regarding their clients' spirituality. These assumptions can result in both interreligious and intrareligious countertransference and thus may influence therapeutic relationships both with clients who have similar and different spiritual belief systems to those of the psychologist (Greene et al., 2004).

5.2.4 Assumption 4: Both challenges and disadvantages exist in the integration of spirituality with therapy

No disadvantages were discovered relating to the inclusion of spirituality in therapy; however, a number of potential challenges were indicated by the findings of the study. These refer to aspects such as countertransference, multiple roles and limitations of this practice.

5.2.5 Assumption 5: Psychologists who possess spiritual beliefs themselves are more likely to include spirituality in therapy with religious clients

This assumption could not be confirmed by the study due to the nature of the participants: all four participants had belief systems and religious affiliations and therefore no comparison could be made with secular psychologists. This aspect of the study is an avenue for further investigation.

5.3 Correlations between the research themes and research questions

This section presents the findings of the study as they relate to each of the four themes, which were derived through a comparison of the results with the existing literature in order to contextualise the data within a theoretical framework. Table 5.1 illustrates each of the themes as they relate to the research questions.

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Table 5.1: Depiction of the relationship between the research questions and themes

Theme 1:	**Theme 2:**	**Theme 3:**	**Theme 4:**
Beliefs and attitudes of the educational psychologists regarding the inclusion of spirituality in therapy	The educational psychologists' practical utilisation of spirituality in therapeutic practice	The educational psychologists experienced advantages related to the inclusion of spirituality in therapeutic practice	Some of the educational psychologists experienced challenges related to the inclusion of spirituality in therapeutic practice
Research question 1:	**Research question 2:**	**Research question 3:**	**Research question 4:**
What are the beliefs and attitudes of the educational psychologists regarding the inclusion of spirituality in therapeutic practice?	In which ways do the educational psychologists practically utilise spirituality in therapeutic practice?	What are the advantages, if any, that the educational psychologists experience in including spirituality in therapeutic practice?	What are the challenges, if any, that the educational psychologists experience in including spirituality in therapy?

5.4 Theme 1: Beliefs and attitudes of the educational psychologists regarding the inclusion of spirituality in therapy

This section presents the findings of the study as they relate to the first theme and also serves to answer the first secondary research question.

5.4.1 Literature control: Positioning the results within the context of the existing literature

Theme 1 centres on the beliefs and attitudes of the educational psychologists regarding the value of understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapy within the field of educational psychology. This theme also pertains to the inclusion of spirituality as a component of educational psychology training programs. In order to determine the findings within this theme, the results were collated with those of the relevant existing literature. While some contradictions were evident, the data appeared to correspond predominantly to findings in the literature, as depicted in Table 5.2.

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Table 5.2: Comparison of the results from Theme 1 with the existing literature

Theme 1: Beliefs and attitudes of the educational psychologists regarding the inclusion of spirituality in therapy		
Correlating findings		
Study results	**Existing literature**	**Findings/New insights**
Subtheme 1.1: The value of understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice		
Educational psychologists reported on the value of cultural awareness in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice. The participants indicated that they value a multicultural stance. A multicultural attitude appeared to manifest as an awareness of cultures both similar to and different from their own and resulted in an increased understanding of their clients. Cultural awareness was viewed as a beneficial aspect of therapy against the multicultural South African backdrop. A multicultural stance appeared to enrich the participants' practice.	The existing literature suggests that in a culturally diverse setting such as South Africa, psychologists are likely to contract clients whose cultural backgrounds differ from their own. This was confirmed by the experiences of the participants (Bakker & Edwards, 2001; Malan, 2011). Moreover, the APA has acknowledged the significance of spirituality as a form of diversity through its inclusion in the Ethical Principles of psychologists and Code of Conduct (Tisdale, 2003, cited in Patel & Shikongo, 2006). In light of this data, Dein et al. (2010) recommend that psychologists should possess an awareness of the influence of culture and spirituality on clients' wellbeing and coping abilities. This awareness was referred to by the participants as a significant aspect of their practice. In addition, Aten and Hernandez (2004) noted an overall transition within the field of psychology towards an awareness and acceptance of spirituality. This evolution was observed in the positive beliefs and attitudes of the participants regarding clients of different cultural backgrounds.	Cultural awareness of an educational psychologist seems valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice. It appears that a multicultural stance is beneficial to mental health practitioners working in culturally diverse settings. Educational psychologists value such a stance as a way to increase their understanding of their clients.
Educational psychologists reported on the value of their spiritual beliefs in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice. Spirituality served as a method of meaning-making and a lens through which culturally diverse clients were viewed.	The literature suggests that spirituality is utilised by some individuals as a system by which to make meaning of the events in their lives (Park & Edmondson, 2012), an observation noted by the participants in their work with culturally diverse clients.	Spiritual beliefs of an educational psychologist seem valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice. Spirituality could function as a lens through which educational psychologists view their clients and as a mechanism for meaning-making as a method by which to understand the client and the presenting problem.

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Educational psychologists reported on the value of their client-directed approach in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice. The educational psychologists indicated that they allowed their therapy to be guided by the client, particularly in terms of the religious or spiritual aspects that were addressed.	Current literature suggests that psychologists should not assume certain beliefs based on a client's spirituality but should rather base this knowledge on information gained from the client (Aten & Hernandez, 2004). It has been found that displaying open-mindedness and affording the client autonomy in terms of when, how and to what degree their beliefs should be addressed, are desirable in therapy (Cragun & Friedlander, 2012). The participants confirmed that they were guided by their clients in terms of the inclusion of their spirituality in therapy. Post and Wade (2009) also suggest that it can prove effective to ask clients for information about their spirituality (regarding the clients as the experts on their own life and beliefs) and which specific spiritual methods or techniques they would like to be included in therapy.	A client-directed approach utilised by an educational psychologist seems to be valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice.
Subtheme 1.2: The opinions of the participants regarding the inclusion of spirituality as a component of educational psychology training programmes		
Educational psychologists reported on the broad and diverse nature of spirituality as it pertains to the inclusion of spirituality as a component of educational psychology training programs. The educational psychologists indicated that the nature of spirituality as both broad and diverse suggests that the inclusion of spirituality as a component of educational psychology training programs would not be practical.	Current literature suggests a need for psychologists to receive training in addressing spirituality in practice, as a result of a growing awareness and acceptance of spirituality in psychology (Aten & Hernandez, 2004). In addition, the APA has suggested that psychologists be trained to take into account and demonstrate respect for clients' spirituality (Aten & Hernandez, 2004). Further literature has highlighted a coinciding desire to include spirituality in practice and a lack of training on the part of psychology students (Patel & Shikongo, 2006). The participants indicated that they felt it was necessary for training programmes to include a component centring on the inclusion of spirituality in therapy. Greene et al. (2004, p. 91) add that "in terms of spirituality, there is a particular need for psychologists to be challenged to consider the spirituality of clients, of the group as a whole, and how to create space for such considerations." A study showed the psychology students surveyed felt it necessary to address spirituality and belief systems with their clients, and that despite a lack of education	Various views appear to exist regarding the inclusion of spirituality as a component of educational psychology training programmes. These differences appear to stem from the personal opinions of the educational psychologists regarding the practicality of such an addition due to the broad and diverse nature of spirituality, as well as their views on the nature of such a focus as personal rather than institutional.
Educational psychologists reported on the potential benefits pertaining to the inclusion of spirituality as a component of educational psychology training programs according to the participants. The educational psychologists indicated that there may be potential benefits related to the inclusion of spirituality as a component of educational psychology training programs. Benefits refer to the preparation of students to work in diverse, multicultural settings		
Educational psychologists reported on the nature of the inclusion of spirituality as a component of		

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educational psychology training programs as personal compared to institutional. The educational psychologists indicated that the nature of the inclusion of spirituality as a component of educational psychology training programs may be more suited to a personal rather than institutional focus.	and training, the participants were engaging with the inclusion of spirituality through their own critical thinking and learning (Saunders et al., 2013).	
Contradictions/Silences		
No contradictions or silences were identified.		

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5.4.2 Response to research question 1: "What are the beliefs and attitudes of the educational psychologists regarding the inclusion of spirituality in therapeutic practice?"

This section aims to answer the first secondary research question, as depicted in Figure 5.1.

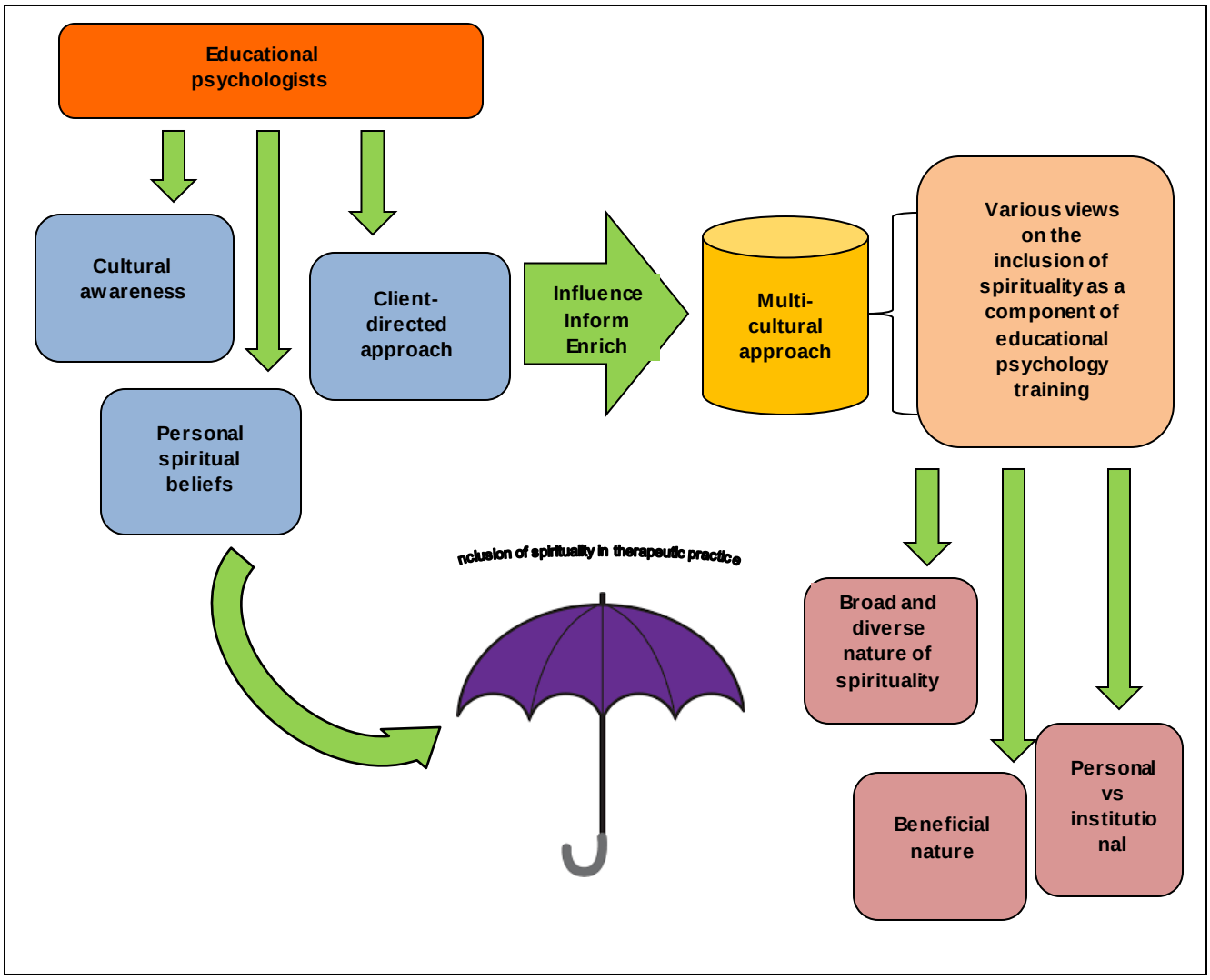

Figure 5.1: Graphic depiction of the findings within Theme 1

The sample of educational psychologists included in the study indicated that they utilised a multicultural approach in relation to their clients. The possession of such a stance appeared to increase their awareness and understanding of their clients and was thus regarded as a valuable perspective. This approach had particular significance considering the culturally diverse South African setting in which the participants function. Interestingly, the findings suggested that three factors, namely their degree of cultural awareness, personal spiritual beliefs and use of a client-directed approach tended to inform and colour their multicultural stance in a manner that could be identified at times as both positive and negative. However, while the educational psychologists possessed and tended to value their individual multicultural stances, they indicated differing views on the inclusion of spirituality as a component of educational psychology training programmes. This finding was

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contradictory to the relevant literature on the topic, which indicates that the training of mental healthcare practitioners within the area of spirituality would be beneficial to both students and spiritual clients (Aten & Hernandez, 2004; Greene et al., 2004; Patel & Shikongo, 2006). While some of the participants felt that this would be a valuable addition to the training of psychologists, others felt that the broadness of spirituality as a field would hinder this inclusion, and that such enrichment should occur on an individual rather than an institutional basis. It therefore seems that the matter of the inclusion of spirituality in training is largely informed by the personal views and opinions of the educational psychologists and thus tends to differ from one individual to another.

From the findings it could be asserted that the educational psychologists' inclusion of spirituality in therapy occurred as a function of their multicultural approach to their clients. The participants' use of such cultural awareness as a way in which to increase their understanding of and connection with their clients included spirituality as one of its functions. This finding correlates with the theoretical framework selected for the purpose of the study, namely the Respectful cube (Ivey et al., 2002), in which spirituality is considered to be one of ten aspects of awareness characterising a multicultural approach (LeBeauf et al., 2009). Moreover, the use of a multicultural approach appeared to be coupled with a client-directed approach to the inclusion of spirituality in therapy, through reliance on the client's guidance in this regard. The educational psychologists indicated positive attitudes towards the inclusion of spirituality in therapy and used various methods and techniques to do so. These findings are discussed in the next section.

5.5 Theme 2: The educational psychologists' practical utilisation of spirituality in therapeutic practice

This section presents the findings of the study as they relate to the second theme, as well as a response to the second secondary research question.

5.5.1 Literature control: Positioning the results within the context of the existing literature

Having explored the attitudes and beliefs of the participants regarding the inclusion of spirituality in therapy, Theme 2 is concerned with their practical and daily experiences relating to the application of this practice in therapeutic contexts. In particular, this theme pertains to the participants' use of theistic consent, their use of spiritual themes and interventions in therapeutic settings, as well as their experiences regarding the influence of spiritual clients' belief systems on the nature of the therapeutic process. Comparison with the relevant and current literature indicated that the results largely corresponded to the available literature in the field. This process is documented in Table 5.3.

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Table 5.3: Comparison of the results from Theme 2 with the existing literature

Theme 2: The educational psychologists' utilisation of spirituality in therapeutic practice		
Correlating findings		
Study results	**Existing literature**	**Findings/New insights**
Subtheme 2.1: The use of theistic consent in therapeutic practice		
The educational psychologists utilised theistic consent in therapy. The majority of participating educational psychologists' responses included support for the use of both formal and informal theistic consent, as well as indications that no theistic consent is necessary.	The existing literature suggests that the clients' beliefs should be addressed initially at the intake interview (Cragun & Friedlander, 2012). Theistic informed consent can be described as an implicit agreement on the objectives and tasks to be included in therapy. The potential value of the use of theistic informed consent with respect to the future alliance with the psychologist has been identified (Shumway & Waldo, 2012).	Theistic consent could be used to address spirituality in therapeutic practice. Theistic consent presents a mechanism with which to ethically address clients' spirituality at the outset of the therapeutic process.
Subtheme 2.2: The use of spiritual themes and interventions in therapeutic practice		
The educational psychologists utilised spiritual themes in therapeutic practice. The participating educational psychologists included certain spiritual themes as a focus in their practice, such as religious ideologies and principles, spirituality as a mechanism for meaning-making, and the use of spirituality as a resource.	Research suggests that spirituality should be addressed in therapy by making explicit the connection between an individual's belief system; his or her perspective, frame of reference and self-identity; and in turn the way in which such an individual achieves wellbeing (Helminiak, 2010). Current literature confirms that spirituality can serve a multitude of purposes such as providing a coping mechanism in adversity; as a frame of meaning-making; as a source of hope, faith and motivation in life; and as offering a way in which to construct identity (Sifers et al., 2012). In addition, research suggests that spirituality as a system of meaning-making influences areas such as initial evaluations, coping, shifts in meaning and the positive effects of stressful occurrences (Park & Edmondson, 2012).	Spiritual themes such as the use of religious ideologies and principles are a way of practically utilising spirituality in therapeutic practice.
The educational psychologists utilised spiritual interventions in therapeutic practice. The participating educational psychologists indicated their positive experience of the use of spiritual	Research suggests three broad categories that can be utilised in this regard. The first consists of secular methods that are used for the building the client's faith; the second refers to the expansion of secular therapeutic methods with the inclusion of religious	Spiritual interventions such as the use of prayer and religious texts are a way of practically utilising spirituality in therapeutic practice. .

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interventions such as mottoes, verses, religious texts and teachings and prayers with their religious clients.	themes and aspects; while the third category consists of spiritual interventions as those methods that originate from a particular religion (Post, 2010). The existing literature suggests that spiritually oriented therapeutic methods can include prayer and the use of spiritual texts, and also include an emphasis on the use of forgiveness and scripture as a means of enhancing both personal wellbeing and interpersonal relationships (Kersting, 2003). Furthermore, Post (2010) identifies the use of prayer and religious texts as particularly valuable as a spiritual intervention.	
Subtheme 2.3: The role of the client in addressing spirituality in therapeutic practice		
Clients' spiritual beliefs influenced the therapeutic process. The participants indicated that they experienced therapy with spiritual clients differently than they did with secular clients. Spiritual clients were able to rely on their spirituality as a resource and as a lens though which to examine their problems.	Research suggests that spirituality can serve a multitude of purposes such as providing a coping mechanism (Sifers et al., 2012). Current literature also confirms that spiritual beliefs should be viewed by psychologists as assets that can be mobilised to benefit the client (Dein et al., 2010). Research suggests that it is not always appropriate to discuss religious beliefs in therapy (Aten & Hernandez, 2004). The literature also states that psychological skills attained through therapy with a particular population (for example religious or non-religious) may not be transferable to other groups (Aten & Hernandez, 2004), which may explain some of the difficulties experienced by the participants.	Clients' spiritual beliefs could influence the therapeutic process. Therapeutic experiences with spiritual and secular clients can differ due to the role of spirituality in the client's life. Spiritual beliefs tend to have greater dominance in therapy with spiritual clients. Clients' spiritual beliefs tend to guide therapeutic practice.
Spiritual clients displayed a willingness to address their beliefs in therapy. The participating educational psychologists tended to experience their clients as willing to engage with their spirituality in therapy.	Psychologists are expected to come across clients with some form of spiritual belief and that many of these clients would like their beliefs as well as "religious values, practices and themes" to be addressed in therapy (Aten & Hernandez, 2004, p. 152).	Spiritual clients are likely to be more willing to address their spiritual beliefs in therapy which could Influence the therapeutic practice.
Clients seek out educational psychologists with similar systems. Participating educational psychologists noted that clients tend to purposefully seek services due to their shared belief systems.	Research suggests that secular therapy can be as effective as Christian-based therapy for spiritual clients. However, these individuals often seek out like-minded psychologists rather than secular psychologists because they are wary of having their beliefs judged, misunderstood, ignored or mocked (Cragun & Friedlander, 2012). However, other research suggests that spiritual clients will not only seek guidance from psychologists sharing their	Clients tend to seek out psychologists who share their spiritual belief systems which could influence the therapeutic practice. However, secular psychologists are also sought out by spiritual clients.

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	beliefs, but also from secular psychologists (Cragun & Friedlander, 2012).	
Contradictions/Silences		
No contradictions or silences were identified		

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5.5.2 Response to research question 2: "In which ways do the educational psychologists practically utilise spirituality in therapeutic practice?"

Figure 5.2 presents the findings that arose from Theme 2 after a comparison of the results pertaining to this theme with the available literature.

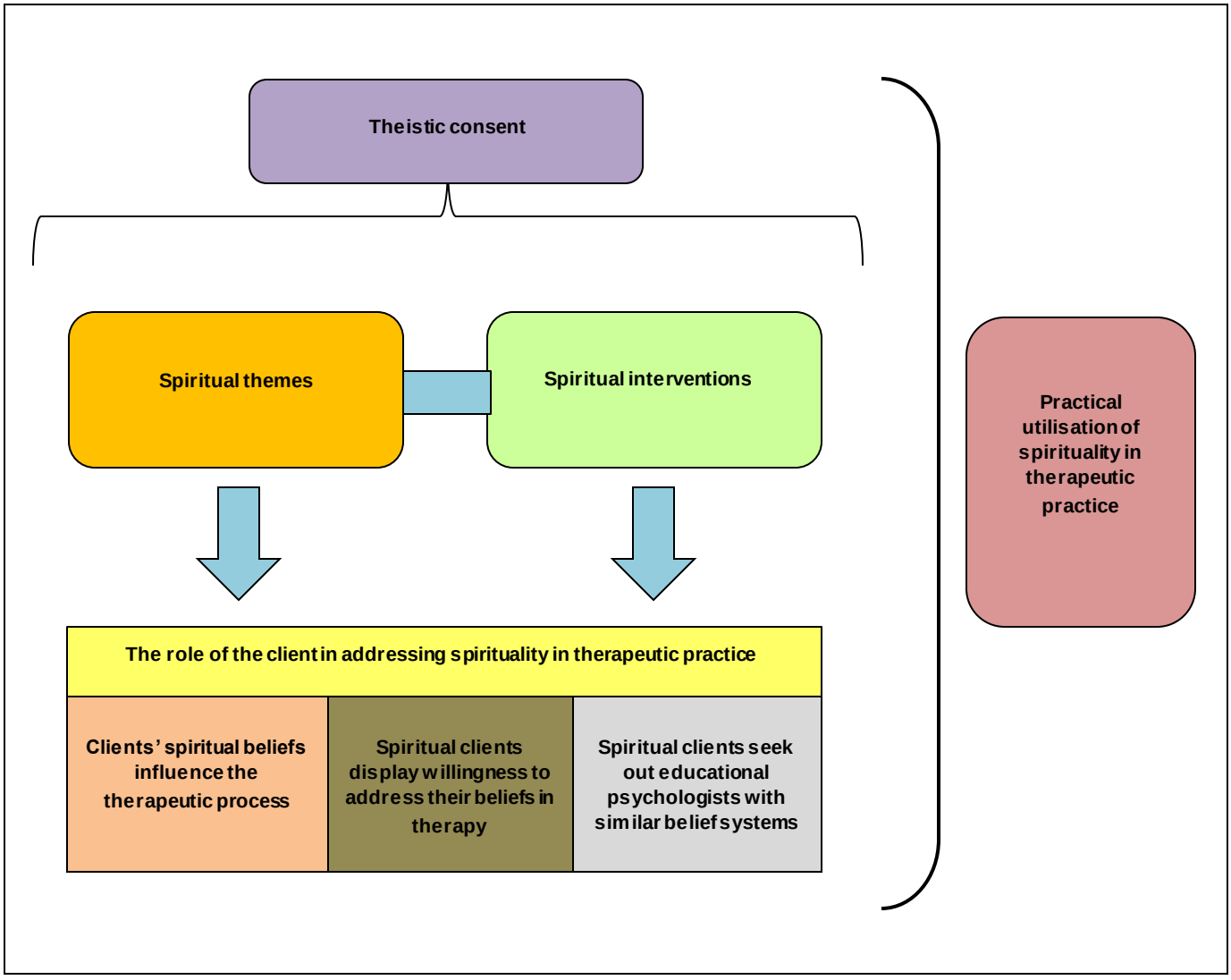

Figure 5.2: Graphic depiction of the findings within Theme 2

Comparison of the results arising from Theme 2 regarding the practical use of spirituality in therapy with the existing literature indicated a number of findings. Theistic consent appeared to be a significant component of the educational psychologists' inclusion of spirituality in therapy, a finding suggested in the literature (Shumway & Waldo, 2012). Both formal and informal methods of consent were used to approach this practice from an ethically correct standpoint at the outset of therapy. With respect to practical application, the use of spirituality in therapy tended to occur on two distinctive yet overlapping planes: according to spiritual themes determined by either the client or the educational psychologist,

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and specific spiritual interventions. Spiritual themes include religious ideologies and principles as a resource and system of meaning-making on a spiritual level. This finding echoes Post's (2010) description of a method of including spirituality in therapy through the addition of spiritual themes to traditional therapy. The use of spiritual interventions referred to the incorporation of mechanisms such as prayer and religious texts as well as religious teachings according to the belief system of the client, reflecting Post's (2010) description of a method used to include spiritual beliefs in therapy. Moreover, a significant finding is the benefit of acknowledging and addressing spiritual clients' beliefs in therapy, with particular reference to their wellbeing. This finding is explored further in the next section. The daily experiences of the educational psychologists were examined in order to shed light on the role of spiritual clients in the inclusion of their beliefs in therapy. It appeared that differences could be identified between the nature of therapy with spiritual and secular clients. It was also found that spiritual clients' belief systems influence or guide therapeutic practice, these clients tended to display willingness to address their beliefs in therapy, and in addition sought out psychologists with the same belief systems or religious affiliations. These findings are reflected in the literature on this topic (Rosmarin et al., 2013; Cragun & Friedlander, 2012).

5.6 Theme 3: The advantages related to the inclusion of spirituality in therapeutic practice

This section presents the findings of the study as they relate to the third theme, as well as a response to the third secondary research question.

5.6.1 Literature control: Positioning the results within the context of the existing literature

The third theme offers an exploration of the benefits of including spirituality in therapy for both the spiritual client and the educational psychologist, as well as for their therapeutic relationship. A comparison of the findings with the relevant literature indicated a silence as well as a number of correlations. These findings are depicted in Table 5.4.

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Table 5.4: Comparison of the results from Theme 3 with the existing literature

Theme 3: The educational psychologists experienced advantages related to the inclusion of spirituality in therapeutic practice		
Correlating findings		
Study results	**Existing literature**	**Findings/New insights**
Subtheme 3.1: Advantages of including spirituality in therapeutic practice for the client		
Educational psychologists experienced advantages of including spirituality in therapy for the client. The participating educational psychologists referred to benefits such as increased levels of peace, comfort and support and the advantage of utilising clients' spirituality as a source of personal strength. Another reported advantage is to facilitate the healing process by increasing the client's spiritual understanding of current life situations.	Research indicates that the inclusion of spirituality in therapy can have a positive effect on mental and physical health (Aten & Hernandez, 2004; Cragun & Friedlander, 2012; Dein et al., 2010; Koenig, 2012). Further research suggests that spirituality can serve a multitude of purposes such as providing a coping mechanism in adversity; as a frame of meaning-making; and as a source of hope, faith and motivation in life (Sifers et al., 2012). The role of spirituality for the client was confirmed by the participants' experiences relating to the inclusion of spirituality in therapy.	The inclusion of spirituality in therapy can be beneficial for spiritual clients, with respect to increased feelings of peace, comfort and support and the use of spirituality as a resource and a source of strength. The inclusion of spirituality in therapy could also facilitate the healing process by increasing the client's spiritual understanding of current life situations.
Subtheme 3.2: Advantages of including spirituality in therapeutic practice for the client/therapist relationship		
Educational psychologists experienced advantages of including spirituality in therapy for the therapeutic relationship. The participating educational psychologists noted benefits such as increased levels of rapport and connection with spiritual clients as well as an increased understanding of the client.	Research suggests that the alliance with the psychologist can be strengthened as a result of the inclusion of spirituality in therapy (Shumway & Waldo, 2012). Further research states that psychologists who include spirituality in therapy are viewed as open to the accommodation of the clients' needs and generally more accepting of their clients, resulting in a closer client-therapist relationship, a more positive experience of therapy and the use of interventions that the clients feel are crafted specifically to their needs (Post, 2010). Kersting (2003) notes that sensitivity to a client's spirituality can influence both conceptualisation and therapeutic interventions in relation to a client.	The inclusion of spirituality in therapy can be beneficial for the therapeutic relationship in terms of increased rapport, a higher level of connection and an better understanding of the client.
Silences		
Subtheme 3.3: Advantages of including spirituality in therapeutic practice for the educational psychologist		
Educational psychologists experienced advantages of including spirituality in therapy on a personal level. The participants referred to personal benefits such as personal wellbeing and an increased awareness of gratitude and a sense of comfort.	No literature was found concerning these results.	The inclusion of spirituality in therapy can be beneficial for educational psychologists with spiritual beliefs in terms of their personal wellbeing, experience of gratitude and increased sense of comfort.

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5.6.2 Response to research question 3: "What are the advantages, if any, of including spirituality in therapy in the field of educational psychology?"

Figure 5.3 provides an illustration of the findings that arose from Theme 3 regarding the possible benefits of the inclusion of spirituality in therapeutic practice.

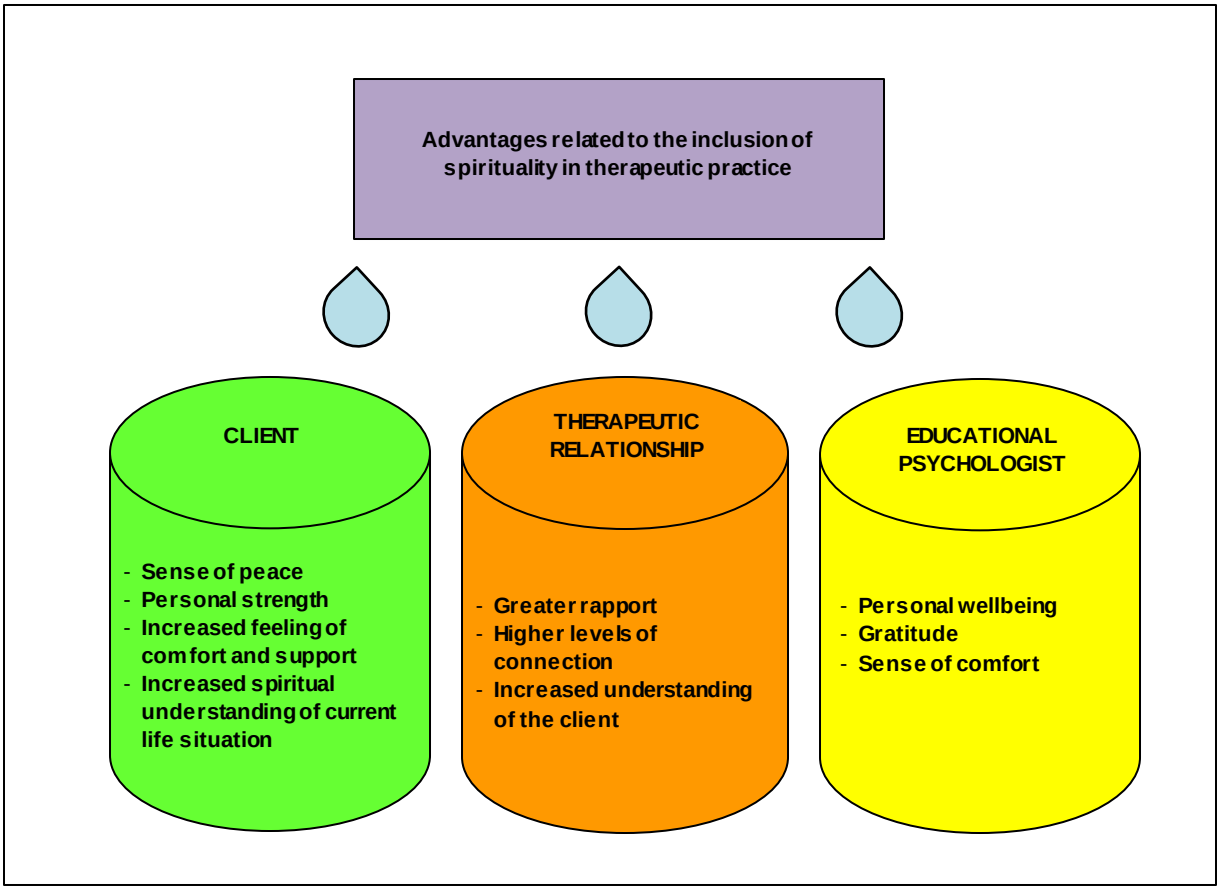

Figure 5.3: Graphic depiction of the findings within Theme 3

The results from Theme 3, in correlation with the relevant literature, indicate a number of findings with respect to the benefits of the inclusion of spirituality in therapeutic contexts. While the advantages related to this practice could be corroborated concerning the client and the therapeutic relationship, the determination of potential benefits for educational psychologists requires further research, as no relevant research was discovered to support this finding. The findings within this theme suggest that spiritual clients tend to benefit from the inclusion of their beliefs in therapy. Spirituality appears to represent both a resource, and in particular, a source of personal strength to individuals possessing spiritual beliefs, a function which is conducive to inclusion in therapy. The educational psychologists reported that their spiritual clients experienced greater levels of comfort, peace and support due to the acknowledgement and inclusion of their spiritual beliefs in therapy. Clients also seem to experience an increased understanding of current life situations, which facilitates the healing process.

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Further findings indicated that this practice appeared to aid the therapeutic relationship through an increased understanding of the client, greater rapport and higher levels of connection. Finally, the educational psychologists appeared to derive a sense of comfort and heightened awareness of gratitude from the inclusion of their clients' spiritual beliefs in therapy, a finding related to the possession of their own spiritual belief systems.

5.7 Theme 4: Challenges related to the inclusion of spirituality in therapeutic practice

This section presents the findings of the study as they relate to the fourth theme, as well as a response to the last secondary research question.

5.7.1 Literature control: Positioning the results within the context of the existing literature

The findings of the study relating to Theme 4 centre on the challenges experienced by the educational psychologists arising from their inclusion of spirituality in therapy and indicate a number of potential challenges faced by the participants which may, in conjunction with the ethical suggestions from Theme 2, be used to guide the preparation of a psychologist for such a practice. These pitfalls include countertransference, inner conflict stemming from multiple roles and limitations encountered by the participants. The results appeared to correspond predominantly to the relevant literature in this regard, as depicted in Table 5.5.

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Table 5.5: Comparison of the results from Theme 4 with the existing literature

Theme 4: Some of the educational psychologists experienced challenges related to the inclusion of spirituality in therapeutic practice		
Correlating findings		
Study results	**Existing literature**	**Findings/New insights**
Subtheme 4.1: Countertransference as experienced challenge related to the inclusion of spirituality in therapeutic practice		
Some of the educational psychologists experienced countertransference as a challenge related to the inclusion of spirituality in therapeutic practice. The participating educational psychologists referred to challenges relating to countertransference that were encountered in their interactions with spiritual clients in therapy. Countertransference experienced by the participating educational psychologists was both intrareligious and interreligious in nature. They discussed conflict that tended to arise both in therapeutic situations involving spiritual clients with the same and differing spiritual beliefs to their own, and which appeared to negatively influence the therapeutic process.	Research confirms that interreligious countertransference may occur as a result of differing views between a psychologist and client, which may influence the psychologist's view of the values and ethics important to the client (Greene et al., 2004). This oversight can in turn negatively influence the therapeutic process as planning and contact sessions can exclude significant information regarding the client's perspectives and values. Intrareligious countertransference, however, can occur when a psychologist and client share the same belief system or religious affiliation. This can result in assumptions on the part of the psychologist relating to the goals and therapeutic needs of the client, as based on his or her own experiences rather than the reality of the situation (Greene et al., 2004).	When incorporating spirituality in therapeutic practice, educational psychologists could experience challenges such as interreligious and intrareligious countertransference.
Subtheme 4.2: Inner conflict arising from multiple roles as experienced challenge related to the inclusion of spirituality in therapeutic practice		
Some of the educational psychologists experienced inner conflict arising from multiple roles as a challenge related to the inclusion of spirituality in therapeutic practice. The participating educational psychologists experienced challenges due to contradictions between their role as a spiritual individual with specific religious ideologies and their role as a psychologist, as well as between their therapeutic goals and the religious teachings relevant to the client's beliefs and the presenting problem.	Research suggests that bias is a concern associated with the inclusion of spiritual beliefs in psychological practice, particularly in terms of the influence of the psychologist's own beliefs and attitudes towards spirituality regarding his or her perception of the client (Gonsiorek et al., 2009). This was confirmed by the participants. Furthermore, religious bias could serve to distort the psychologist's view of the client (in either a negative or 'falsely positive' manner) and consequently lessens the efficacy of therapy (Gonsiorek et al., 2009). In addition, the literature suggests that multiple relationships may be a concern in the inclusion of spirituality in therapy, in which expectations and standards may differ from a	When incorporating spirituality in therapeutic practice, educational psychologists may experience challenges of conflict arising from multiple roles and the subsequent goals stemming from each role.

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	religious perspective compared to a psychological standpoint (Gonsiorek et al., 2009).	
Subtheme 4.3: Limitations in discussing spiritual issues as experienced challenge related to the inclusion of spirituality in therapeutic practice		
Some of the educational psychologists experienced limitations in discussing spiritual issues in therapy as a challenge related to the inclusion of spirituality in therapeutic practice. The participating educational psychologists experienced limitations in terms of the discussion of contentious or irrelevant religious issues.	Research confirms that the psychologist's own beliefs and attitudes towards religion and spirituality may influence his or her perception of the client (Gonsiorek et al., 2009). The participants experienced this and referred to an avoidance of therapy with certain clients as a result. Further, interreligious countertransference may occur as a result of differing views between psychologist and client, which may influence the psychologist's view of the values and ethics important to the client (Greene et al., 2004).	When incorporating spirituality in therapeutic practice, educational psychologists may experience limitations in discussing spiritual issues.
Contradictions/Silences		
No contradictions or silences were identified.		

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5.7.2 Response to research question 4: "What are the challenges, if any, that the educational psychologists experience in including spirituality in therapy?"

Figure 5.4 portrays the potential challenges that may be encountered by educational psychologists in their inclusion of spirituality in therapeutic practice.

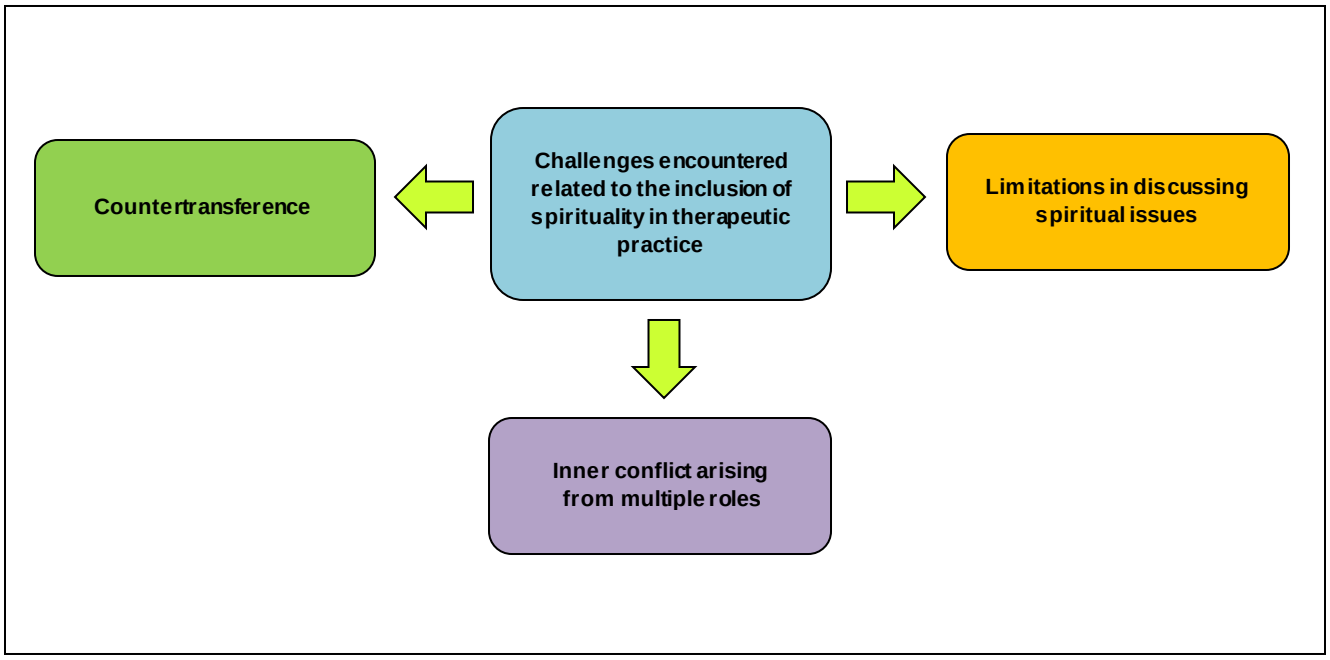

Figure 5.4: Graphic depiction of the findings within Theme 4

Comparison of the data relating to Theme 4 against the existing literature suggests a number of findings regarding the range of challenges experienced by the educational psychologists in their inclusion of spirituality in therapy, as well as particular factors that functioned as parameters during this practice. Countertransference was a significant challenge to the participants. This phenomenon tended to occur on two levels, which could be described according to their differing nature as interreligious and intrareligious countertransference. While interreligious countertransference relates to the negative reaction of the psychologist towards a client with a differing belief system, intrareligious countertransference describes a context in which the client and psychologist share similar belief systems, resulting in the erroneous assumption of information regarding the client. While these types of countertransference differ, it is interesting to note that each type could negatively influence the therapeutic process as a result of the erroneous nature of the assumptions made regarding the nature of the client and the presenting problem. The second challenge experienced by the educational psychologists refers to the existence of multiple roles. Their roles tended to pertain to their identity as both a spiritual individual and an educational psychologist. The participants appeared to grapple with their responsibilities as both a spiritual 'guide' and psychologist. This phenomenon appeared to influence and complicate the goal-setting process due to differences between the religious ideologies relevant to the presenting problem and the therapeutic goals. Moreover, the participating educational

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psychologists referred to certain parameters that could be viewed as challenges in terms of the way in which they limited the inclusion of spirituality in therapy. Limitations included the avoidance of spiritual issues that may be assumed, erroneously or correctly, to be contentious or irrelevant to the client, as well as a reluctance to engage with clients who possess extreme religious affiliations where historical conflict exists with the affiliation of the educational psychologist.

5.8 Answering the primary research question: "What are South African educational psychologists' experiences regarding the inclusion of spirituality in therapeutic practice?"

Figure 5.5 is a pictorial conceptualisation of a response to the primary research question.

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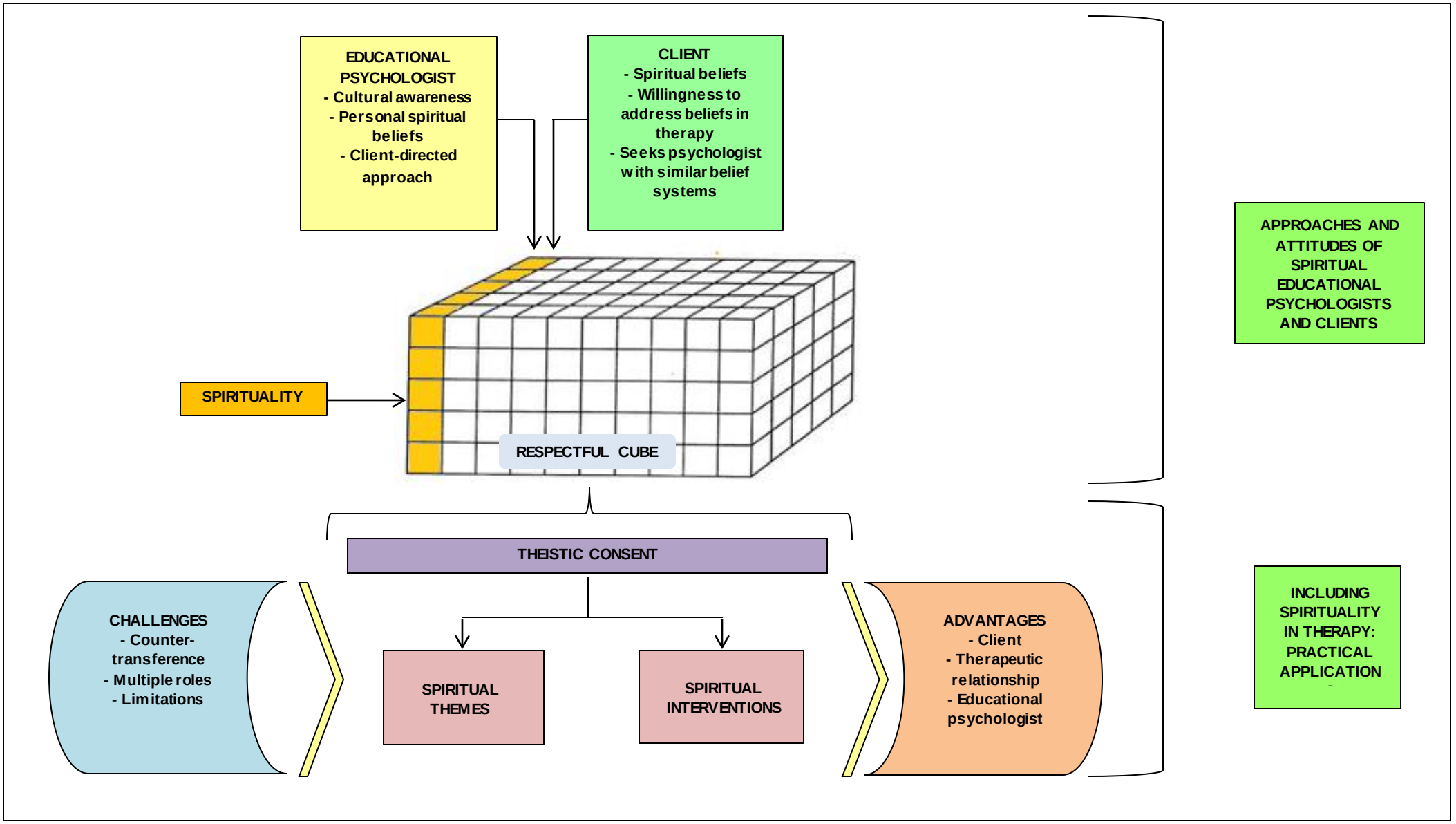

Figure 5.5: A depiction of the participating educational psychologists' experiences regarding the inclusion of spirituality in therapeutic practice

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Figure 5.5 conveys my understanding of the experiences of the educational psychologists regarding the inclusion of spirituality in therapeutic practice, which comprises the primary research question. This subject area of the study encompasses various aspects delineating the practice of including spirituality in therapeutic contexts, as outlined in the four secondary research questions. The experiences of the participants were therefore explored according to their beliefs and attitudes regarding this practice, their practical use of spirituality in therapy, as well as the advantages and challenges that tended to arise when including spirituality in therapeutic practice. For the purpose of providing a response to the main research question, the findings will be discussed according to two broad areas: the approaches and attitudes of the educational psychologists regarding the inclusion of spirituality in therapy and secondly the practical applications in relation to including spirituality in therapeutic practice.

As the findings regarding the beliefs and attitudes of the participating educational psychologists emerged, it appeared that their experience of the influence of spiritual clients on their inclusion of spirituality in therapy interacted significantly with the processes involved in this practice. As such, the influence of the clients' attitudes and beliefs were included with those of the educational psychologists, as depicted in the top section of Figure 5.5. The findings suggest that the spiritual beliefs of the educational psychologists, as well as their largely client-directed approaches, tend to inform their use of a multicultural approach, which provides the framework within which they address spirituality in therapy with their spiritual clients. Shifting our attention to the other side of the therapeutic transaction, it appears that the educational psychologists experience their spiritual clients as possessing certain characteristics and tendencies regarding their beliefs and their therapeutic needs. The findings indicated that the educational psychologists experience their spiritual clients' spiritual beliefs to influence therapeutic practice. These clients display a willingness to include their beliefs in therapy and tend to seek out educational psychologists who share their belief systems due to the assumption that the psychologist will have a greater understanding of their presenting problems. Moreover, it seems that the therapeutic process differs in terms of the nature of the goal-setting process and the techniques employed when comparing the educational psychologists' experiences with spiritual and secular clients. This aspect of the study affirms the value of a framework such as the Respectful model (D'Andrea & Daniels, 2001) and its adaptation to the Respectful cube (Ivey et al., 2002) as a way to ground the inclusion of spirituality in therapy as part of a broader multicultural approach. The Respectful model provides a multicultural framework that is founded upon awareness on the part of the psychologist regarding his or her own demographics and characteristics (D'Andrea & Daniels, 2001). More importantly, this knowledge is applied to comprehend the unique interactions that may occur between these personal factors and those of the client.

The exploration of the practical applications involved in the inclusion of spirituality in therapy evidenced a variety of practices and methods utilised. An overriding theme was the use of theistic

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consent as part of an ethically sound approach to this practice. It is within this framework, in which the appropriateness of the inclusion of spirituality within the therapeutic context is discussed explicitly with the client and consent gained according to the direction of the client, that the use of spiritual themes and interventions occurs. Spiritual themes refer to broader spiritual themes and goals that are used within a traditional therapeutic context, while spiritual interventions include techniques of a specifically spiritual nature which are determined by the belief system of the client, such as prayer and the reading of religious texts. It was found that the use of both of the above methods could be advantageous to the client and to the therapeutic relationship. Benefits for spiritual clients can include higher levels of experience of support, peace and comfort as well as personal strength due to the role of their spirituality as a resource in their lives, and moreover, the educational psychologists' acknowledgement and use of this phenomenon in therapy. The therapeutic relationship between the client and educational psychologist may also benefit due to an increased level of understanding between the client and the psychologist and subsequent improved rapport. Interestingly, the practice of including spirituality in therapy may have personal advantages for spiritual educational psychologists. These benefits refer to factors such as an increased sense of comfort due to their involvement in building the faith and spiritual health of their clients as part of their therapeutic service, an as increased awareness of values such as gratitude, as well as personal wellbeing.

Despite these advantages, certain challenges can be encountered in the inclusion of clients' spirituality in therapy. These challenges refer to intra- and interreligious countertransference, which could lead to the creation of assumptions regarding the nature of spiritual clients, the presenting problem, as well as their beliefs. A further challenge associated with the inclusion of spirituality in therapy includes the phenomenon of multiple roles. Inner conflict may arise due to educational psychologists' expectations and responsibilities as both a spiritual 'guide' and traditional psychologist, as well as to contradictions between the therapeutic goals and the religious ideologies pertinent to clients and their presenting problems. Further challenges may arise due to limitations to this practice, which include the avoidance of certain religious topics as well as the avoidance of certain clients based on historically conflicting religious affiliations.

These challenges suggest the need for a framework and evidence base within which to ground the practice of including spirituality in therapy. While the literature and data required to build such an evidence base is as yet in short supply, the framework provided by the Respectful model (D'Andrea & Daniels, 2001) appears to be a valuable and relevant structure within which to practice this under-researched aspect of psychology. The use of the Respectful model, and more specifically its adaptation, the Respectful cube (Ivey, et al., 2002) (see Figure 5.6), encourages examination and reflection of both the educational psychologist and the client's beliefs and other demographics in order to understand how these might interact in a therapeutic situation. The Respectful cube presents a horizontal upper axis consisting of ten factors to be taken into consideration by psychologists in

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preparation for the intake of new clients. These characteristics are religion/spirituality, economic class, sexual identity, psychological maturity, ethnic/racial identity, chronological challenges, trauma, family history, unique physical characteristics and language and location of residence (LeBeauf et al., 2009). These factors form the mnemonic that provides this model with its name: the Respectful model. The vertical axis to the left of the cube represents the nature of the psychologist's practice, namely in individual, family, group, community and country-wide contexts, and thus allows the examination of the self and the client's characteristics according to varying therapeutic milieus (LeBeauf et al., 2009). The vertical axis to the right presents the level of cultural development of the psychologist. This refers to the degree of cultural awareness displayed by the psychologist and ranges from a lack of awareness and reflection regarding one's own as well as others' demographics and how these may influence the therapeutic process, to the inclusion of a variety of perspectives in the creation of one's own identity. This aspect of the Respectful cube may present a direction for further study.

The multicultural consideration prompted by the Respectful cube (see Figure 5.6) may therefore provide a way to guard against issues such as countertransference through an increase in self-knowledge. It may also lead to the avoidance of situations in which the psychologist becomes embroiled in multiple roles through similar processes, as a result of a heightened awareness of his or her own characteristics and how these may interact with those of the client. Particularly relevant within the diverse South African context, the Respectful model may provide a degree of structure in a branch of psychotherapy that as yet offers little guidance to psychologists.

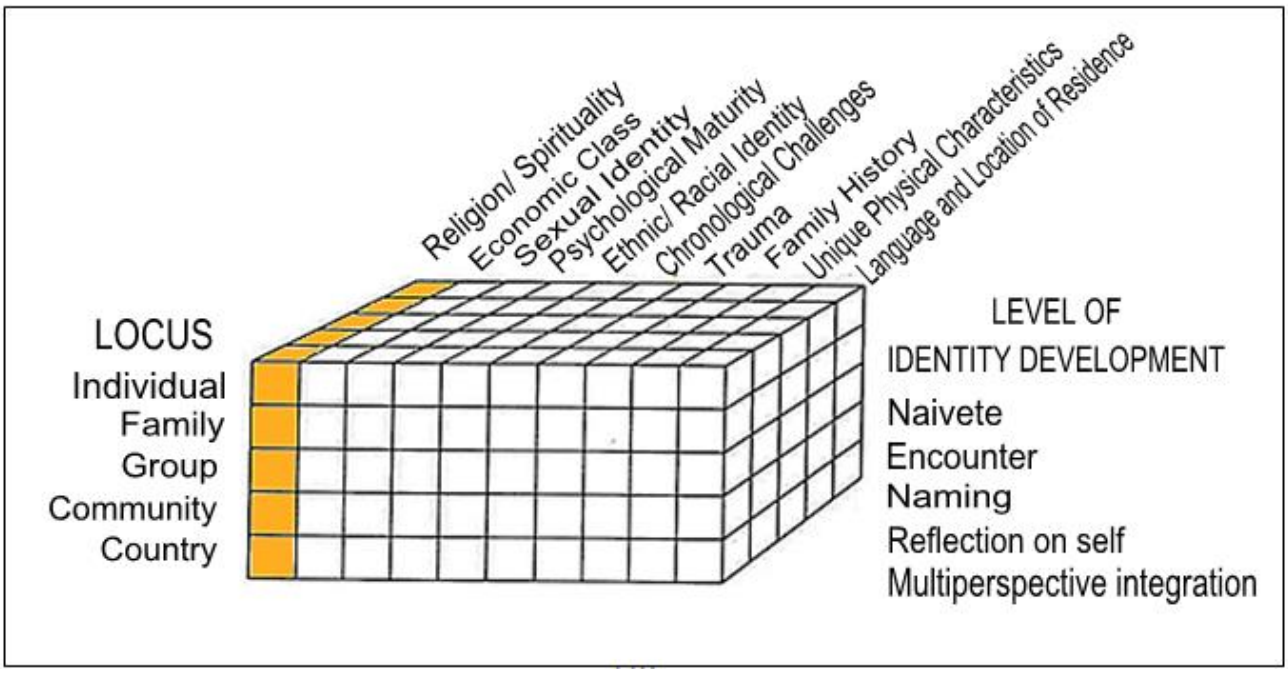

Figure 5.6: The Respectful cube (Ivey, et al., 2002).

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5.9 Limitations of the study

The limitations of the study are presented and discussed in the section below. In particular, these refer to the lack of transferability of the study, the degree of representativeness of the South African context, the nature of the participants and the influence of the role of the researcher.

5.9.1 Transferability

The lack of transferability of the study is a significant limitation to the application of the findings. The study used an exploratory case study to explore the experiences of a small sample of four educational psychologists in the Gauteng area regarding their experience of including spirituality in therapeutic practice. The qualitative nature of the study sought to create a greater understanding of the attitudes, beliefs and experiences specific to each participant and her context. The findings therefore cannot be transferred to the general population. However, the study may contribute by enriching the practice and knowledge base of other psychologists who may be interested in this area of practice.

5.9.2 Representation of diversity

The participants were selected, as far as possible, according to the diversity of their cultural backgrounds and spiritual belief systems in order to somewhat represent the multicultural population of South Africa. It seemed of value to include spiritual diversity on the part of the participants in the study, due to the intentional grounding of the research in multiculturalism. The final selection of the group of participants represented Muslim, Jewish and Christian belief systems and affiliations. While a degree of diversity is present in this sample, it is not representative of the diverse multicultural and multi-spiritual South African population and therefore limited in terms of the breadth of the findings.

5.9.3 Nature of the participants

Each of the participants selected possessed spiritual belief systems and religious affiliations. This aspect influenced the findings of the study in that it drew on the experiences of educational psychologists already familiar with their own spirituality and who were able to identify with those clients who held the same beliefs. This may have influenced the findings regarding the challenges experienced by the participants in including spirituality in therapy, namely countertransference and multiple roles. A sample that included secular participants or those who are not affiliated to a specific religion may have resulted in greater depth in the findings due to differing interactions with and reactions to spiritual clients.

5.9.4 Role of the researcher

As the researcher, I was subjective in terms of my own beliefs and opinions regarding the inclusion of spirituality in therapy. At the outset of this study I was required to acknowledge my own feelings towards the topic and to monitor and reflect on these throughout this journey. As a Christian I had to

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acknowledge that I am familiar with and have a particular belief system that is a central part of my identity and therefore a factor that I would like to have addressed in therapy. As an intern psychologist I had to acknowledge my own experiences regarding both my training and practice, and the need I had identified for the inclusion of spirituality in these contexts. Thus, while my interest and feelings towards the topic of my research provided the motivation to select and proceed with this study, they also represented limitations due to my own subjectivity. I further attempted to address the limitation of my subjective role by reflecting on my own assumptions and role as researcher in my research journal.

5.10 Recommendations

Suggestions and recommendations arising from the results of the study, as they relate to practice, training and research, are discussed in the section below.

5.10.1 Recommendations for practice

The topic of this study concerned the experiences of educational psychologists regarding their inclusion of spirituality in therapy. Various findings arose that may prove useful to other professionals interested in this practice. One of the major concerns in addressing clients' beliefs in therapy relates to the scope of practice and ethical issues, matters that are further compounded by the lack of a solid evidence base. On this topic it is recommended that theistic consent be used to determine the direction of therapy at the outset. Use of the Respectful model is also suggested as a way for mental healthcare professionals to examine their own as well as their clients' demographics to understand how these might interact in therapeutic contexts. Such self-knowledge may better inform decisions to engage with a client or refer him or her to another more suitable professional. It is also noted that the use of a client-directed approach, in which the psychologist allows the client to dictate the spiritual or religious parameters that they are comfortable with, may be particularly valuable. Finally, practical applications can include the addition of spiritual themes and goals to traditional therapy, as well as the use of spiritual interventions pertinent to the client and his or her presenting problem.

5.10.2 Recommendations for training

A significant consideration in the study was the value of spirituality as a component of psychology training programmes. While the participants had mixed opinions regarding this suggestion, examination of the literature indicates that such an addition may offer a relevant contribution to the training of mental healthcare professionals. Studies indicate that many students and professionals operating in the field of psychology have encountered spiritual clients but do not have adequate training to effectively address their clients' needs in this area (Cragun & Friedlander, 2012; Aten & Hernandez, 2004). It is recommended that additions to training programmes should be made through consultation between religious and psychological professionals where knowledge is shared to provide

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well-informed suggestions (Janse van Rensburg et al., 2014). It is further suggested that institutions should consider the addition of spirituality in terms of an increase in research studies that contribute to the evidence base in this regard, and that training programmes be expanded to include spirituality and the creation of programmes dedicated solely to the inclusion of spirituality in therapy (Schafer et. al., 2011). Additional recommendations centre around the creation of supervised discussion spaces on spiritual issues and the use of spiritual material in training as part of a broader multicultural framework (Russel & Yarhouse, 2006).

5.10.3 Recommendations for further research

Recommendations for further research stem largely from the parameters of this study. Future directions for research may include studies in which the samples of participants are more diverse in order to more accurately represent the South African population. Future studies could include participants who describe themselves as spiritual and not religious, and those who do not consider themselves to be spiritual. Further research is required into the influence of educational psychologists' own belief systems on their therapeutic practice. It may also prove useful to quantify the effectiveness of the use of spiritual interventions and themes or themes through the use of quantitative research. More research is required into ethically sound methods of including spirituality in therapy in order to build an evidence base upon which psychologists can ground their work in spirituality. In addition, no research was found regarding the potential benefits of the inclusion of spirituality in therapy for spiritual educational psychologists. A further area of inquiry may also encompass the application of the Respectful cube, and in particular, investigation into the degree of cultural identity development of its users. Finally, the clients of the participants of this study represented a combination of children, teenagers and adults. An investigation comparing children versus adults as clients with spiritual beliefs may provide results of a less ambiguous nature.

5.11 Contributions of the study

This section presents the potential contributions of the study in terms of possible theoretical and practical applications.

5.11.1 Theoretical contributions

This study addressed the current gap that exists in the literature regarding the utilisation of spirituality in therapeutic contexts (Aldwin et al., 2013; Aten & Hernandez, 2004; Koenig, 2012). The study also contributed to a better understanding of educational psychologists' experiences in including spirituality therapeutic practice. Areas that have been addressed include:

- The beliefs and attitudes of educational psychologists regarding the inclusion of spirituality in therapy.

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- Educational psychologists' practical utilisation of spirituality in therapeutic practice.
- Educational psychologists' experience of advantages related to the inclusion of spirituality in therapy.
- Educational psychologists' experience of challenges related to the inclusion of spirituality in therapeutic practice.

Perhaps the most significant potential contribution of the study is the use of the Respectful model (D'Andrea & Daniels, 2001) or its adaptation to the Respectful cube (Ivey, et al., 2002). The possible challenges that arose due to the inclusion of spirituality in therapy by the participating educational psychologists indicated the need for a framework on which to ground this practice. The value of the Respectful cube (Ivey, et al., 2002) appears to have been affirmed by this study and this model may therefore be a significant contribution to the training of psychologists with regard to the inclusion of spirituality in therapeutic contexts.

5.11.2 Practical contributions

The practical contributions of the study pertain largely to the practical methods involved in the inclusion of spirituality in therapy. Approaches including the use of spiritual themes and interventions became evident as avenues by which to delineate the practice of including spirituality in therapy. In addition, the potential challenges that arose, namely countertransference, multiple roles and the limitations of this practice, may provide useful information to those seeking guidance in this area. Once again, use of the Respectful cube in daily practice may prove to be a significant practical contribution of the study.

5.12 Concluding reflections

As I reach the conclusion of my journey on this research topic, I am reminded of the metaphor of a lens: I learnt during this process that much depends on the lens that we use to view ourselves and the world around us. The participating educational psychologists used multiculturalism as the lens with which they viewed their clients and it was this perspective that led them to include their clients' beliefs in therapy, despite the challenges that they encountered. This lens therefore not only informed their attitudes but also their actions. My research journey has led me to a greater understanding of the value of such a standpoint: as a way to acknowledge the differences that make each of us unique and to avoid the use of generalised assumptions that may cause us to be short-sighted about our clients and their presenting problems.

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In the same manner, a model such as the Respectful cube might function as a broader, more metacognitive lens through which psychologists may view themselves and their clients, and the unique way in which each collection of characteristics might interact in therapy. It appears to have both theoretical and practical value for the training and practice of psychologists, particularly against the diverse South African backdrop.

Finally, spirituality, which is essentially the focus of this study, might be viewed as a lens through which individuals make sense of themselves and their experiences. It may thus have significant implications for the way in which a spiritual client and his or her presenting problem and resources are conceptualised as well as how therapeutic goals are arrived at. Spirituality has been acknowledged as an important sphere of individuals' functioning and yet this has not been included in therapy, the very space in which a client hopes to be understood and acknowledged by an open-minded, non-judgmental psychologist who has the best interests of the client at heart. It is my hope that this gap will be gradually filled by an evidence base that may aid psychologists in this practice, for the benefit of spiritual clients and the skills development of psychologists.

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Appendices

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Appendix A: Transcription of interview with Participant 1

R	The topic of my research is educational psychologists' views on spirituality and therapy, so I'm trying to understand their perspectives and attitudes towards the practice itself – can spirituality be integrated within spirituality, should it be, what are the pitfalls, the advantages, that kind of thing. So I just wanted to get your perspective as an educational psychologist, pretty much just what you think about the topic. So the first question I have is just basic background information. How many years have you worked as an educational psychologist?	1 2 3 4
P1	Since 1998, I qualified in 1997.	5
R	And what types of settings have you worked in – schools, private practice, that kind of thing?	6
P1	I started off by being an inspector of education in the Cape Province and I was responsible for the therapists and psychologists working in special education, after that I was in private practice for a long time and then we moved to Pretoria and then I started working at the school. And I do have a private practice as well.	7 8 9
R	I didn't realise that! Would you describe any of them as affiliated to any kind of religious or spiritual institutions?	10
P1	The school where I am now is an Anglican church school, so it is a Christian school.	11
R	Would you describe yourself as a religious or spiritual person?	12
P1	Definitely a Christian, dedicated Christian	13
R	Do you think that your stance as a Christian influences your therapeutic practice in any way?	14
P1	I do.	15
R	Would you be able to say in what ways?	16
P1	Ja, I always find out what the spiritual orientation of the client is and if the client is Christian, then I will incorporate that in my therapy. But I won't force it on anybody.	17 18
R	And what is your opinion on the distinction – in research they often distinguish between religion and spirituality. What's your opinion on that, is it something you consider?	19 20
P1	Ja, as a Christian you believe that you need Jesus Christ as your saviour while spirituality is believing in something or somebody bigger than you.	21 22
R	Have you encountered clients with religious affiliations in your practice?	23
P1	Ja, you know I'm busy at the moment doing interviews with the peer supporters that I'm going to use for my research and it's interesting, of the 25 one said that she's an atheist and two said they're not Christians.	24 25
R	Interesting. I suppose it is an Anglican school, so …	26
P1	I found it quite interesting. But you see I asked them if they would be offended if it's incorporated in the programme and they said no, because they know it's an Anglican church.	27 28
R	Yes, I suppose if you know it's an Anglican school, then you can't go in expecting not to have any of that. Would you be able to describe your interactions with them, particularly in therapy?	29 30
P1	With the ones who aren't Christians?	31
R	Or the ones who identify as religious or spiritual? I know you said that in therapy you'll ask them if they would like to -	32

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P1	How I handle it?	33
R	Ja.	34
P1	Well if the client is a Christian I will definitely incorporate it. I often use mottoes or verses that they use and then I will incorporate that into their therapy and even if you do ego state therapy, often God or their Christianity is one of the ego states and then I use that.	35 36
R	Would you be able to identify any major differences between the way that therapy would progress with a client who is spiritual or religious, compared to someone who isn't?	37 38
P1	I find it very difficult when they're not spiritual or religious because if you don't believe in someone bigger or wiser than you, you only depend on yourself and when you're down, there's nothing else to hold onto. So I find it difficult, and perhaps it is because I'm a Christian, but I won't refuse seeing them, and it's not that I don't see progress, but it's more difficult for me as a therapist or as a Christian therapist.	39 40 41
R	OK, that makes sense. What is your attitude towards clients whose religious or cultural background differs from your own? So perhaps an Atheist or someone who is Muslim or Jewish?	42 43
P1	I still love them, because I think that is part of Christianity, to see them as somebody that God made and loves. So I still love them and still care for them and will still do my best for them.	44 45
R	My next question is would your attitude towards them influence therapy in any way?	46
P1	No, I think it influences the type of therapy but not the quality of the therapy.	47
R	Could you describe your experiences with religious or spiritual clients in terms of their willingness or reluctance to discuss their beliefs – do you find them more willing or more reluctant?	48 49
P1	More willing. And that's why I ask them. And I think they also realise that it doesn't make a difference to me, but its just the things that we can discuss in therapy, so they're all open.	50 51
R	Would you be able to give your thoughts on reasons why, why they would want to address them in therapy?	52
P1	They don't mind if I include it in therapy, I always find that it gives them strength. I've never found one that says that they're religious or spiritual and that didn't want to, never.	53 54
R	There's something I learned about from the research called theistic consent, where at the outset you say, do you have any beliefs, would you like to address them? So from what I can see you do that already?	55 56
P1	I do that not with all cases, sometimes if I don't think it's a very serious case, if I can get along with conventional therapy without including the spiritual, I won't always ask them, but it's interesting, it does come out.	57 58
R	Do you think that it's necessary to do that? I mean it can be informal or more formal, in terms of a contract or form of consent.	59
P1	I've never asked them to sign anything but I think it's important to get permission. Like you do with hypnotherapy. I will never do it without asking for consent but I won't ask them to sign consent.	60 61
R	More informal. It's something I came across because some people see it in a very ethical light, in terms of scope of practice, and should spirituality be included there.	62 63
P1	I think it's because of the environment here. But I must tell you long ago when I started in private practice, I didn't do that, I never included it because I was trained not to, that you're not allowed to include it, but being at a Christian school, I thought this is another environment, so I do. I find it empowering to use it.	64 65 66
R	Are there any aspects in particular that you would intentionally focus on in therapy? Any specific aspects of belief systems?	67

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P1	No. More on the spur of the moment I will use something that perhaps the client used before or said before.	68
R	Sort of holistic and intuitive.	69
P1	Yes, I won't plan a whole session around it. But I think it's also part of who I am.	70
R	Are there any aspects on the other hand that you would typically avoid, any aspects of spirituality?	71
P1	I will never talk about things that I feel are not the core issues about religion, I will never talk about baptism, you know those issue that are church-linked, I will never talk about anything like that, more the faith and the fact that God is there and that he loves you and planned you. You were a thought, he wanted you to be there. I will never go to the nitty gritty, what people fight about. Or homosexuality.	72 73 74
R	What is your opinion in terms of addressing beliefs and its effect on the client-therapist relationship? Do you think it has any effect on that relationship with the client?	75 76
P1	I think that the more the client can connect with you, the more they can associate with you, the better the relationship is. And I think if it's a religious or spiritual client and they find that connection with you, I think it helps in therapy. But I can't say that I had a bad relationship with clients who aren't religious. So I think in the end it's about love and acceptance.	77 78 79
R	Have you ever employed any spiritually based interventions in therapy, for example, things like praying with the client, or reading scripture?	80
P1	I have never used that. I've only used scripture when they gave it to me.	81
R	OK, I see. That's where the ethical things come in a lot, in terms of using those kinds of things.	82
P1	I've never read up about it, it's just my gut feeling!	83
R	Then I think we've already discussed the advantages of including spirituality in therapy. Then, have you ever experienced any challenges?	84
P1	Religion-wise?	85
R	Ja, perhaps resistance or where it's had a negative effect.	86
P1	No, never. And I think good therapists will never force something on the client. I think you go where the client leads you.	87
R	Do you think that you as a psychologist benefit from addressing their beliefs?	88
P1	I think that because it's such an important part of who I am, it gives me comfort that they know where their strength comes from. I've never thought about it but I think it maybe true.	89 90
R	What is your opinion on the inclusion of spirituality in therapy?	91
P1	Ja, we were really taught not to. They told us that we are not allowed to.	92
R	But do you have any opinion on the current status of training for educational psychology?	93
P1	So it's good to hear that there is some progress. I don't know that it must be included in training, I don't think so, because then they will have to incorporate Hinduism and go to all the spiritual realms. But I think it must be said that it can be included because ja.	94 95
R	OK. Then that answers my next question. What is your stance towards the recent shift towards multicultural practice in psychology? You know the issue of being culturally aware and being aware of differences.	96 97
P1	I think it's very, very important, to know where somebody is coming from. What I see here is how important it is for the girls, I will often ask the black girls what the meanings of their names are and that connects you with them immediately. I think it's very important. And to be open to their cultural beliefs as well. Because with the black girls I often find that they say they're Christians and from Christian homes but they're still linked to the ancestors. So it's important to know that and to know how important that is to them. And even with families, to say my 'aunt' and it's not always my aunt. And something I learned it was a girl whose mom passed away and they were Christians. And she didn't want to talk to me, no she talked to	98 99 100 101 102

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	me but she never cried. And then one day she told me that they believe that if she cries, the aunt (the twin) will also die. So it's important to know those things or to have a relationship where they're open to tell you those things. So I think it's very important to be culturally aware.	103 104 105

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Appendix B: Transcription of interview with Participant 2

R	For how many years have you worked as an educational psychologist?	1
P2	For 5 years (since 2011).	2
R	In which types of settings have you worked? Would you describe them as affiliated to any religious or spiritual institutions?	3
P2	I have worked in schooling and educational, corporate, religious, organizational and private practice settings. In my community, many of the schools I work with are established as a division within or in affiliation with religious institutions. Thus, I would say that a lot of the work I do is affiliated with religious associations and institutions in my community.	4 5 6
R	Would you describe yourself as a religious or spiritual person? If so, in what ways?	7
P2	Yes, I would describe myself as both religious and spiritual. I am religious in the way I make personal decisions and the manner in which I conduct my daily personal activities. In my broader outlook on life I would describe myself as spiritual. For me spiritual implies that I see beyond the teachings and boundaries of individual religions to understand common outlooks, goals and values that individuals may share. For me, spirituality is greatly linked to our collective and/or individual purpose and our ability to work towards and actualise that purpose.	8 9 10 11 12
R	Do you feel that this stance influences your therapeutic practice in any way? If so, in what ways?	13
P2	I do feel that my personal spiritual meaning-making influences my therapeutic practice. It allows me to be able to work multiculturally and be open to a variety of perspectives, opinions and outlooks in an open-minded manner. Furthermore, it is the lens that shapes my therapeutic approach because in my therapeutic sessions I often tap into clients resources, of which spiritual outlooks and faith are often a part (to varying degrees).	14 15 16 17
R	What is your opinion on the distinction that is often made between the terms 'religious' and 'spiritual'?	18
P2	As described in question 3 above, I believe that they are linked concepts yet very distinctive and nuanced, particularly in their actualisation.	19
R	Have you encountered clients with religious affiliations in your practice? If so, could you describe your interactions with them? Can you identify any differences between the ways in which therapy progressed with these clients, as compared to secular clients?	20 21
P2	Yes, I have encountered clients with religious affiliations in my practice. With these clients their religious affiliations usually guide the therapeutic process to varying degrees. Their religious views are often the lens they use to make sense of and appraise the current life situations and problems that lead them into therapy. With such clients, their faith and religious beliefs take dominance in their developmental processes and the overcoming of their individual challenges. Thus, their religious views tend be activated as a strength. Clients with different appraisal processes (in terms of religion/religious affiliation) tend not to rely on their faith (as greatly) as clients who are more religious/spiritually inclined. They tend to tap into a broader variety of (intrinsic and/or extrinsic strengths).	22 23 24 25 26 27
R	What is your attitude to clients whose religious affiliation or cultural background differs from your own? Does this influence therapy in any way?	28
P2	No, it does not influence my therapy because my therapeutic approach is based on getting to know and understand individual clients and working with the unique sets of information that they share with me. Regardless of the clients' values, religion, spiritual inclination, personalities, etc., I start out by identifying their strengths, appraisal processes and unique outlooks on life and work towards mobilising these internal resources to help them overcome their presenting problems.	29 30 31 32

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	In this way I manage my own religious and spiritual beliefs (and potential biases) so that it does not hinder the therapeutic processes either.	33
R	Describe your experiences with religious clients' willingness or reluctance to discuss their beliefs in therapy. What are your thoughts on the reasons behind these reactions?	34 35
P2	From my experience, clients are not reluctant to share or express their religious beliefs during therapeutic sessions. I have noted this in both clients who share my religious beliefs and those who don't. I attribute this to the open, warm and non-judgemental atmosphere that I initially establish as part of rapport building with clients. By establishing such an atmosphere within the bounds of the therapeutic relationship, I am able to get to know the client authentically and thereby extract noteworthy information regarding the client's situation, values, religion, spiritual inclination, personality and other key information and strengths that may form an integral part of the therapeutic process. This acknowledgement of clients is an integral part of a successful therapy process, from my experience.	36 37 38 39 40 41
R	Have you ever gained theistic consent from your clients? What is your opinion of such precautionary measures?	42
P2	No, I did not gain theistic consent from my clients. As it is not a traditional part of the consent process, I believe that if it is included in the consent form it should be clearly explained to clients (as other aspects in the consent form typically are) so as not to daunt or overwhelm uncertain clients.	43 44 45
R	Which aspects (if any) of clients' belief systems would you intentionally focus on in therapy?	46
P2	I would focus on any beliefs, traits, characteristics, strengths or experiences that a client indicates as significant through his/her discussions. A therapist can often identify these significant factors from verbal and non-verbal cues that a clients expresses and the manner in which he/she focuses on specific areas of his/her consciousness.	47 48 49
R	Which aspects (if any) of clients' belief systems would you specifically avoid in therapy?	50
P2	Clients tend to lead the discussion in therapy, as the nature of therapy is that a person discusses/emphasises what is significant for them (on a subconscious level). As described above in terms of focus on significant aspects of a client's consciousness, I would similarly avoid any topics that the client does not show an inclination to discuss (or a resistance towards). However, regularly it is the case that clients avoid or resist topics that have deep underlying emotion associated with them and thus many actually benefit from engaging with those topics or emotions. This process of negating emotions succinctly sums up the therapy process and may be handled well by a good therapist.	51 52 53 54 55 56
R	What is your opinion regarding the influence of addressing clients' beliefs on the client-therapist relationship?	57
P2	I think it is important to clarify the bounds of the client-therapist relationship, particularly at the beginning of the process. However, I think a great deal of this clarification occurs non-verbally through the manner in which the therapist manages the relationship and communication processes between client and therapist.	58 59 60
R	Have you ever employed spiritually based therapeutic interventions? If so, please provide some examples.	61
P2	Yes I have, with selected clients who indicate (verbally or non-verbally) a suitability for spiritually-based therapy. In such cases I would use verses from the Quran to illustrate points or support the client's narrative. Another example is that I have quoted practices of the Prophet Mohammed in a manner that acknowledges or validates the client or his/her experience. In other situations I have discussed with clients the significance of the life stories of some prophets and their experiences in an effort to use these religious examples metaphorically in sessions. With religious/spiritual clients who indicated anger for a support mechanism, I have on occasion referred to verses from the Quran and other prayers that they may make use of when appropriate.	62 63 64 65 66 67

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R	Please reflect on the advantages of including spiritual beliefs in therapy.	68
P2	I have included spiritual beliefs only with clients who clearly indicated or expressed a preference for it. The advantage that I have noted is that I observed clients to display a sense of intrinsic strength. Other times clients displayed a sense of relief and comfort. I have had many clients verbally acknowledge gratitude for my use of spiritual beliefs in session. This in turn strengthened the therapeutic relationship in my experience.	69 70 71
R	Have you experienced challenges in addressing clients' beliefs (and including spirituality) in therapy? If so, what is the nature of these challenges?	72 73
P2	I have experienced no challenges in this regard outside of common challenges that a therapist may reasonably anticipate and experience in any therapeutic situation. In my opinion, including spirituality (if welcomed by the clients and used appropriately) is as useful and appropriate as any other therapeutic technique.	74 75 76
R	Have you or your clients (to your knowledge) benefitted from addressing their beliefs in therapy?	77
P2	As explained in question 14 above, clients benefit greatly from including spirituality *appropriately* in therapy.	78
R	What is your opinion on the current status of training programmes for educational psychologists?	79
P2	From my experience training programmes are effective in terms of skills development, and the training students to practice ethically. Training programmes may be enhanced by providing more support to students psycho-socially to enhance their effectiveness.	80 81
R	What is your stance regarding the inclusion of a spiritual focus within the training component of psychology programmes?	82
P2	I believe this component of training is not given sufficient (if any) exposure. In the multicultural setting that is prevalent in South Africa I believe the inclusion of this aspect in training will greatly benefit students in preparation for working in practice.	83 84
R	Please describe your own training as an educational psychologist.	85
P2	I was satisfied with the training in terms of skills development and theoretical knowledge. However, in terms of the practical component of my training I would have preferred and benefitted greatly from increased support and consideration at the training facility (for my practical training component). I experienced none of this at the time with considerable consequences to the quality of my practice at the time.	86 87 88
R	What is your stance on the recent shift towards multicultural practice in the field of psychology?	89
P2	I love the idea and think it will greatly benefit clients in our multicultural land to have therapists trained to practice multiculturally. Institutions obviously need to provide sufficient theoretical background, research, etc. into preparing the training programmes in order for it to be successful.	90 91

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Appendix C: Transcription of interview with Participant 3

R	For how many years have you worked as an educational psychologist?	1
P3	Two years.	2
R	In which types of settings have you worked? Would you describe them as affiliated to any religious or spiritual institutions?	3
P3	Private practice. I did my internship at King David which is a Jewish school.	4
R	Would you describe yourself as a religious or spiritual person? If so, in what ways?	5
P3	Yes, I'm strongly observant of the Jewish religion – orthodox. It can be challenging at times, especially trying to do courses, with the Sabbath.	6
R	Do you feel that this stance influences your therapeutic practice in any way? If so, in what ways?	7
P3	Yes, it creates quite a lot of conflict. For example I have a Jewish client, she's 18 and the mother is very insistent that she only date and marry a Jewish person. While I can understand that from a mother's point of view, for my client I want her to find herself, so its very conflictual for me because I feel like on the one hand it's wrong to nurture a belief that she should date other types of religions because we believe very strongly in growing Judaism, its not that we're racist or anything. But its just that we've been under threat and there's this strong belief about keeping Jews alive and building Jewish families. But ironically, spiritually I feel like she has to go on whatever journey she needs to go on, even if it isn't what I want or her mother wants. But recently I met with the mom and the daughter, I thought how would I feel if I was that mother and the therapist was saying to me, she needs to go on whatever journey she needs to go on. Because that's what the client is saying. So I was saying to the mom, I'm just listening to her and this is what she's saying.	8 9 10 11 12 13 14 15
R	What is your opinion on the distinction that is often made between the terms 'religious' and 'spiritual'?	16
P3	I think that every human being is spiritual and the world is a spiritual place and there are spiritual truisms that are common to all religions, for example like the inherent value of human beings, also the idea of each of us being on our own spiritual journey which is not in a physical realm. So for me religion is linked to spirituality, I think that you are born into something that you need to complete for whatever reason. Like if I look at the plight of the Jews, its been so tragic and I can't imagine why, I feel like there is something to complete in that journey and I'm a part of it. I often have a lot in common with spiritual people, even if they don't have a religion. It's a non-issue for me. Like my mother's not a practicing Jew and she doesn't believe in Judaism but we have a lot in common around spiritual matters.	17 18 19 20 21 22
R	Have you encountered clients with religious affiliations in your practice? If so, could you describe your interactions with them? Can you identify any differences between the ways in which therapy progressed with these clients, as compared to secular clients?	23 24
P3	Yes. What makes the difference is that I'm orthodox so there is that role confusion that comes up because this is paradoxical to what I was saying about that girl. I had a young teenage boy who was the son of a rabbi and part of a very religious family. And when I met with him, he was struggling with certain things that his parents were enforcing on him, in terms of the religion. And when I met with the mom and the father, they were quite shocked that I was promoting for him to find his own way. And so there I felt that enforcing it – like with that other girl, as a mom I felt conflicted, as an orthodox mom. But in this case I just felt that they were forcing something on a child and he was pushing back and they saw it as my job to enforce it. I didn't see it as my job to enforce it, there was a big disconnect there. The majority of clients that I see aren't Jewish and that is easier, because to see a client that is a staunch Christian, I wouldn't have an interest either way in whatever they believe, but because I have this interest, it's conflicting.	25 26 27 28 29 30 31 32

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R	What is your attitude to clients whose religious affiliation or cultural background differs from your own? Does this influence therapy in any way?	33
P3	It's interesting, I had a young black girl who is a very strong Christian and she tried to commit suicide, so there was a lot of conflict for me there because that is problematic. I think that I had a problem trying to understand the belief set. Because of the contradictions, and things about the church that I didn't understand – I didn't have a problem with them. I didn't dwell on that too much but it was a bit of a barrier I felt. And maybe because she wasn't that articulate as a young girl.	34 35 36 37
R	Describe your experiences with religious clients' willingness or reluctance to discuss their beliefs in therapy. What are your thoughts on the reasons behind these reactions?	38 39
P3	I think to some extent it's not thought through. Like with this young girl, we didn't go straight to her faith. I do have a lot of clients who aren't religious who will discuss their beliefs very openly. I think it's as if people who are observant assume that they have complete faith and trust or have the answers, so I'd say that they maybe don't bring their discussions that much. But like this young girl whose mother is more religious, she tells me she is atheistic.	40 41 42 43
R	Have you ever gained theistic consent from your clients? What is your opinion of such precautionary measures?	44
P3	No, I wouldn't because then I would have to think about discussing sexual orientation, sexual beliefs, relationships, it would become like why only that? I think it would open up a gate to a million things that you'd have to sign for. It doesn't preclude being sensitive and saying can we discuss this? I had a client who was gay and it's very difficult for him to discuss it, not because I'm religious but because of his own problems with it. So there will times when I'll ask him, can we go there. So I think using the same sensitivity.	45 46 47 48
R	Which aspects (if any) of clients' belief systems would you intentionally focus on in therapy?	49
P3	I would go where the client leads me, I don't want to be prescriptive. On a more spiritual level there are times when I feel that they do need to a find a spiritual anchor. Like this young girl who tried to commit suicide, she needed an anchor, and I think spirituality opens a door to purpose and meaning and you being meaningful and your life and presence, being chosen to be here. So I think there is a time when I would go for the spiritual purpose.	50 51 52 53
R	Which aspects (if any) of clients' belief systems would you specifically avoid in therapy?	54
P3	It would be hard for me to see an extremist Muslim, an extreme person in that area, because there are many implications for me as a Jew and it would be hard – not necessarily but generally.	55 56
R	What is your opinion regarding the influence of addressing clients' beliefs on the client-therapist relationship?	57
P3	In terms of meeting the client's needs, I think it's part of many factors that influence a client's life, so it's a very important factor and for some people it's not. So I think let's just say some people are very family-oriented, so if they are religious, let's just say it's as important to bring it in. But on the other hand some issues are very difficult, like if I had to see someone who is gay, I actually don't have a problem with gays at all but I have a conflict because the bible says it's wrong and I have a negative reaction to the act, but I really don't judge gay people. I would have a problem discussing sexual intimacy with a gay person.	58 59 60 61 62
R	Have you ever employed spiritually based therapeutic interventions? If so, please provide some examples.	63
P3	No.	64
R	Please reflect on the advantages of including spiritual beliefs in therapy.	65
P3	Definitely, if they have those beliefs, it's like a bedrock in their lives, I think it would be positive and wonderful to include it.	66

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R	Have you experienced challenges in addressing clients' beliefs (and including spirituality) in therapy? If so, what is the nature of these challenges?	67 68
P3	Sometimes I find that they don't have the resources in terms of their beliefs that I would assume they would have. So I say, if they are in a dark space and are an observant Jew or Christian, I assume that they can call on a resource, but sometimes they don't have that resource and it's a surprise for me, and then I have to let that go, and let them find a resource, not necessarily a religious one. Some people are raised in a very religious way, like with my children, they didn't choose it, I was Jewish but I chose to become observant, my children didn't so some of it is unconscious.	69 70 71 72 73
R	Have you or your clients (to your knowledge) benefitted from addressing their beliefs in therapy?	74
P3	Yes, it is beneficial. Even if I think of this girl who's an atheist, I think it was beneficial for her to say that, as opposed to her mother, who's pushing certain beliefs onto her – you know it doesn't necessarily have to be religious beliefs, but her beliefs, I think being able to verbalise them has been good for her, this is where she is now.	75 76 77
R	What is your opinion on the current status of training programmes for educational psychologists?	78
P3	I can only speak for UJ, I felt that some of the foundational principles of interacting with clients were missing, I think we were exposed to a lot of techniques, but the principles and structure should have been far more strongly explained and I also think the DSM wasn't explained properly to us. But that's just UJ and what happened to people in those years, like we had a lecturer who was offered something else so he was sharing his time, and he was the one who was supposed to be teaching the DSM at that stage.	79 80 81 82
R	What is your stance regarding the inclusion of a spiritual focus within the training component of psychology programmes?	83
P3	I think you would have to do that by yourself or with your own schul or spiritual advisor because there are just so many different beliefs. We were drilled to respect individuality, peoples' growth, I think it's a personal spiritual supervision journey that you go on.	84 85
R	Please describe your own training as an educational psychologist.	86
P3	Already discussed. I think for us it was dependent on the personality of the lecturer and I wonder if it's a comment on … the course was strong in some areas and weak in others, but I don't know if that came down to the personality of the person.	87 88
R	What is your stance towards the recent shift towards multicultural practice in the field of psychology?	89
P3	Its very important to be aware of it. You level the playing field and you are aware of as much as possible, it's critical. From someone like … you can see that she has so much humility, no judgement, even the HOD, the most humble and plain person in many ways. And we'd go with the bio-ecological model and democratic principles.	90 91 92

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Appendix D: Transcription of interview with Participant 4

R	For how many years have you worked as an educational psychologist?	1
P4	Fourteen.	2
R	In which types of settings have you worked? Would you describe them as affiliated to any religious or spiritual institutions?	3
P4	I worked at a school for the deaf which had a Christian slant and then while I was based at that school I did a lot of work at other places like half-way homes, a stint at Weskoppies, other schools, that kind of thing. But apart from the school, no. No other institution had a religious slant to it.	4 5
R	Would you describe yourself as a religious or spiritual person? If so, in what ways?	6
P4	Yes. I am quite a religious person, I think it reflects in the way I dress – or I'd like to think of myself as a person who's in touch with their religion. (Muslim)	7 8
R	Do you feel that this stance influences your therapeutic practice in any way? If so, in what ways?	9
P4	Absolutely. I have a lot of patients largely from within the Muslim community, Muslim and non-Muslim. But a large proportion of my clients are Muslim and they come to me specifically because they want to see somebody who shares a similar or the same religious background. So definitely it does play a huge role. They actually look – there are other practitioners in the area – not that that many – but they would say to me, I want someone who's a Muslim so that you can understand where I'm coming from.	10 11 12 13
R	What is your opinion on the distinction that is often made between the terms 'religious' and 'spiritual'?	14
P4	I know lots of people who aren't necessarily very religious, in terms of following the religious injunctions strictly, like the praying or those kind of things, but they seem to have a heightened spiritual awareness, some kind of relationship with their creator. But if you look at them outwardly, you wouldn't necessarily say that this is a religious person. So I think that there is a distinction to be made. And also with other people I've met from other religions who seem to be very spiritually inclined but they're not necessarily tied up to your specifically/typically religious practices. They're not involved in that.	15 16 17 18 19
R	Have you encountered clients with religious affiliations in your practice? If so, could you describe your interactions with them? Can you identify any differences between the ways in which therapy progressed with these clients, as compared to secular clients?	20 21
P4	Yes. When I work with a non-Muslim for example, I try to establish if they are religious so then I know whether to bring in God, and speak about God but in very universal terms. But with regard to my Muslim patients, when I do bring in religion, especially certain specific areas like bereavement, where we tend to use religious sayings or things that have a religious background, it seems to have a greater impact on the therapeutic practice. They seem to progress faster and it just seems to be a better experience for them, the healing process that is.	22 23 24 25
R	What is your attitude to clients whose religious affiliation or cultural background differs from your own? Does this influence therapy in any way?	26
P4	I don't think my attitude influences therapy in any way but people often formulate their own judgements when they look at you or look at me, based on the way I am. But I try to put them at ease immediately, especially if they are non-Muslim and have different religious beliefs to mine, that we would use – firstly I would establish their religious inclinations so I know whether to bring in religion or not and if not, then we don't and we just go your typically Western psychological techniques. But if they do, then I use the universal principles of religion, because its applicable to basically each and every one of us – you know, kindness, generosity, trust and honesty, you know even if you're not a religious person, they're just universally applicable principles.	27 28 29 30 31 32

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R	Describe your experiences with religious clients' willingness or reluctance to discuss their beliefs in therapy. What are your thoughts on the reasons behind these reactions?	33 34
P4	I don't know that we actually get into a conversation about belief systems or belief structures. I think if they are more religious they are much more open to including those aspects into the counselling or therapeutic process. (Why?) I suppose if spirituality or religion is a part of their life, and they come to see someone for such an important process in their life, it's something that maybe adds to their life experience in that they can identify with it and use it to facilitate the healing process, and that's what we do. If it's someone who has certain beliefs, we would use that to speed up or add to or complement the therapeutic process. So they are often very willing to, I haven't really found anyone who isn't. and also you make out whether people are or they're not and suss it out at the beginning and just take it from there. Its really a very individualistic or unique kind of thing, differs for each patient.	35 36 37 38 39 40 41
R	Have you ever gained theistic consent from your clients? What is your opinion of such precautionary measures?	42
P4	I think it's necessary. When I do contracting, one of the clauses is that I have fully explained all the procedures and whatnot, techniques that are going to be used with you, so I do discuss it in the contracting process, that yes, I use the traditional Western psychological approach, and I use the Islamic approach, if it is a Muslim person, and if not, I use a religious approach using universal principles of religion, if they are open to that, as well as alternative healing techniques, the positive psychology, Louis Allhay. So I explain to them exactly what my approaches are and what are they comfortable with and they do sign for it. I'm a big supporter of really informing the patient as to what exactly my approach is, because I have had in the past where people are like, I'm not interested in all of this alternative stuff here, I don't want to go down that road. So then I would say sure, that's fine with me, we'll work with what you're comfortable with and in a way that will work best for you. So ja, I think we have to be very careful with that, lest we get started on a path that gets ugly.	43 44 45 46 47 48 49 50
R	Which aspects (if any) of clients' belief systems would you intentionally focus on in therapy?	51
P4	I think particularly with bereavement, for example someone who is Muslim, I would focus a lot on the religious principles involved there, about life after death, heaven, the person is in a good place, they are still living on, they can still hear you, you can talk to them and communicate your feelings to them and they will be with you. All of those principles that are specific to that religious background, I definitely do use that. Also with trauma, and certain other instances where it is necessary to use them.	52 53 54 55
R	Which aspects (if any) of clients' belief systems would you specifically avoid in therapy?	56
P4	I definitely would, for example if we have a suicide case, and our religion has very specific ideology about what happens to a person's soul who has committed suicide. So I would try and avoid discussing those gory details with them and go more with empathy and understanding, and support and deal with the natural processes, whatever stage they are at.	57 58 59
R	What is your opinion regarding the influence of addressing clients' beliefs on the client-therapist relationship?	60
P4	I think it does, it really contributes to the rapport, they often feel that the psychologist gets them, we're on the same wavelength, so it definitely does.	61 62
R	Have you ever employed spiritually-based therapeutic interventions? If so, please provide some examples.	63
P4	Yes, I do. If they from the same religious background as me, then I use a lot of prayers from the Quran and other religious teachings because it really brings about, I feel, and the patients have seen it for themselves, a greater sense of peace and it helps the therapeutic process along. So for example if someone has fears and anxieties, especially the kinds – and they are all taught this from a young age – we'd say lets pray this, every night before you go to bed, think about good and happy things, and it enhances the process. And with non-Muslims, or those who have different religious beliefs,	64 65 66 67

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	once again I would bring in pray to God. If it's a Hindu person, I would say light your lamp and pray to Ganesha, or whichever God they are praying to and ask him for protection. Do what you need to do in your religion to help you to feel safe and that you are in God's protection, when it comes to fears and anxieties.	68 69 70
R	Please reflect on the advantages of including spiritual beliefs in therapy.	71
P4	Like I said, the rapport, it helps to establish much faster, they feel like I'm there and with them, have greater empathy for them because I know where they are coming from. Also if I look at the entire therapeutic process, I somehow feel that it's enhanced, it's much more effective and the person reaches resolution or heals faster using those religious or spiritual guidelines.	72 73 74
R	Have you experienced challenges in addressing clients' beliefs (and including spirituality) in therapy? If so, what is the nature of these challenges?	75 76
P4	Yes, but on a very … might be difficult for you to understand but I will attempt. There are many cases where the patient comes in spiritually afflicted, I don't know if you are familiar with instances where clients claim to be possessed, psychologically we would say schizophrenia or personality disorder, but there's a very specific aspect of our religion that believes that there are spirits out there, otherwise known as gen. I've seen manifestations of people's personality and how different it is, and it doesn't really fit into any of our psychological categories and the DSM-5. I have encountered difficulties there because then it's very difficult to work with a person who is now moving away from religion even though they're sort of in a religion. Although I must say I really don't enjoy working with those kinds of cases and try to avoid them at all costs. More typically, yes it does present difficulties when you are dealing with things like suicide that are 'against' religion, it's more difficult to deal with those things, especially those that are taboo to say to the person and it's going to be working against the healing process, so it is difficult to be involved in that way. So you have to be very careful with how you use or bring spirituality or religion into the therapeutic process and how much of it and when.	77 78 79 80 81 82 83 84 85 86
R	Have you or your client (to your knowledge) benefitted from addressing their beliefs in therapy?	87
P4	Definitely I do benefit, the more we talk about God and his mercies and in the process helping the person to find their way forward or giving them some kind of coping skills, it's a reminder to me that one of the biggest things I'm reminded of every day is gratitude. One of the biggest things in my religion is to give gratitude to your Lord for everything you have been blessed with and I often do gratitude work which reminds me constantly, so it does enhance myself as an individual.	88 89 90 91
R	What is your opinion on the current status of training programmes for educational psychologists?	92
P4	For me I really felt grossly underprepared coming out of my Masters programme, even though we had our blocks and practical work. Thankfully I had the most wonderful supervisor in my internship, who gave me such a varied internship and taught me a lot, even when it came to starting my own practice. We had absolutely no training when it came to start a private practice, legalities, practicalities, none. She paved the way forward for me. Another area was, for example, play therapy, which is an essential part of working with kids and they barely touched on it in my Masters, so I suppose it came down to your own initiative to go and do the play therapy course and keep yourself up to date and learn lots of different things. But aside from that all of the other therapies are done in a very theoretical way and you aren't prepared to go from theory to practice, and then when it comes to your internship, you are thrown in the deep end and expected to do this thing that you have some experience of but not quite sure. I think having good supervisors makes a big difference. And getting you ready for the transition from theory and knowing what to do, to actually translating it into practice and doing it well, because these are peoples' lives you're dealing with, that it where the Masters programme falls short.	93 94 95 96 97 98 99 100 101 102

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R	What is your stance regarding the inclusion of a spiritual focus within the training component of psychology programmes?	103
P4	I really do. I strongly believe that the universal principles of religion can play a huge role if your client is so inclined, in the therapeutic process.	104
R	Please describe your own training as an educational psychologist.	105
P4	I did my BSc degree and majored in applied chemistry and psychology and then a BSc Honours in psychology and then a Masters degree in educational psychology, more a science background than a teaching background.	106 107
R	What is your stance towards the recent shift towards multicultural practice in the field of psychology?	108
P4	In my Masters in 98, multiculturalism has been a buzz word since then, I do think it is an important consideration in your practice and one needs to be aware of how to deal with different cultures and their beliefs and backgrounds to some extent, but once again I do feel that many of us tend to get into our communities and niches and get stuck there, but it does a have an important role to play.	109 110 111

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Appendix E: Excerpts from my Research Journal

17 April 2016

After collecting data from the participants, I have realised that I come from a very specific frame of reference and perspective in terms of my beliefs. These beliefs were the very thing that motivated my study topic, but they were also at times problematic. During my interviews with the participants, I found myself hoping that they would answer the questions in a certain way – particularly in the way that I wanted them to, and in a way that would confirm what I hoped my study would find. I had to constantly remind myself to explore the participants' responses in order to understand the meaning they made of their experiences, rather than trying to determine whether they agreed with my stance. I realised after the interviews that I cannot be fully objective as a researcher, however I can constantly monitor myself and the roles of my own perspectives and beliefs in order to 'keep tabs' on my subjectivity and ensure that it does not negatively influence my study.

22 May 2016

I did not envisage that the participants' responses to the topic of theistic consent would be so varied. I had researched this aspect of therapy with religious clients, and theoretically it appeared to be a wise choice to make, bearing in mind the ethical considerations that must be taken into account in this practice. After sorting through the participants' opinions and experiences relating to theistic consent, I realised that real-life practice does not always mirror what is found in the literature and that each particular situation often dictates the actions of the psychologist.

28 May 2016

As I embarked on the process of thematic analysis, I found that I did not want to restrict my themes to the research questions I needed to answer. I rather attempted to look beyond my questions for other themes and trends that may have been apparent in the data. The influence of the clients' beliefs on their multicultural attitudes was already linked to one of

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my interview questions. However, I had not foreseen that the participants would indicate that their stance also affected their experience of therapy with their clients.

The responses provided by the participants centring on the topic of their use of spirituality in everyday practice were varied and unique to each psychologist. While the extent to which they used spiritual interventions and themes, and the ease with which they did so tended to differ, I noticed that throughout, there seemed to a recurring theme of the use or role of spirituality as a resource.

I did not foresee that the participants would indicate a negative connection between their belief system, multicultural stance and therapeutic experience. I have been taught about the importance of a multicultural standpoint as a psychologist but had not really considered the impact of one's own beliefs and background and the way in which these interact with clients of similar or different backgrounds. I feel that the most beneficial lesson I have learned at this stage of my research is the necessity of an awareness of the way in which one's demographics can influence therapy. This has allowed me to see the significance of the Respectful Model through the real-life experiences of the research participants.

30 May 2016

This subtheme, relating to the client-led nature of the educational psychologists' practice, was not included in my interview questions, but rather arose due to my attempts to look beyond the questions that I wanted to answer and to understand the trends that appeared more organically. The nature of the participants' practice as largely guided by their clients appeared to me to be the soundest approach to the inclusion of spirituality in therapy and also as a safeguard against any pitfalls and ethical issues that might arise.

The role of spirituality as the participants' perceived it personally arose separately to their experiences of the influence of spirituality as depicted in the subthemes below. This unexpected aspect of the results contributed to the richness of the findings by expanding upon the participants' conceptualisation of spirituality in a more general sense.

This subtheme presented an aspect of the data that I could relate to on a personal level. During a therapy session, my client referred to her faith and its importance in her life. After obtaining her permission to include these beliefs in therapy, I feel that the session unfolded

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in a way that was more meaningful to her due to the inclusion of her faith. She shared my own beliefs and affiliations, and after the therapy session I experienced a strengthening of my own faith and a sense of fulfilment due to the fact that I was able to help her in way that simultaneously appeared to build her own faith

I was interested in Participant 3's reflection on her experiences with clients who share her faith and beliefs. I anticipated that it would be more difficult for a psychologist to see a client having different beliefs or affiliations as this might pose more of a challenge in terms of barriers or boundaries interfering with that client. Participant 3 shed new light on this area for me on a personal level. I realised that the same level of self-awareness and reflection regarding one's own background and beliefs needs to be employed regardless of the degree of similarities or differences between the psychologist and the client.

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Appendix F: Summary of the themes, subthemes, codes and categories

Theme	Subtheme	Codes[1]	Category
Theme 1: The beliefs and attitudes of the educational psychologists regarding the inclusion of spirituality in therapy	1.1 The value of understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice	R-MC-T SR/T DR/T MC	1.1.1 Educational psychologists' cultural awareness is valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice
			1.1.2 Educational psychologists' spiritual beliefs are valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice
			1.1.3 Educational psychologists' client-directed approach is valuable in understanding and respecting multiculturalism as a component of the inclusion of spirituality in therapeutic practice
	1.2 The inclusion of spirituality as a component of educational psychology training programmes	IT Incl NIncl	1.2.1 The broad and diverse nature of spirituality as it pertains to the inclusion of spirituality as a component of educational psychology training programs.
			1.2.2 The benefits pertaining to the inclusion of spirituality as a component of educational psychology training programs according to the participants.

[1] The following acronyms were used for coding:

R-MC-T: Spirituality influenced multicultural stance and therapy
DR/T: Clients' different spiritual beliefs influenced therapy
ITC: Informal theistic consent used
FTC: Formal theistic consent used
SF: Spiritual theme used
R/nRTD: Difference experienced in therapy between spiritual and secular clients
AV: Areas of spirituality were avoided by the therapists
AC: Advantages regarding the inclusion of spirituality were experienced according to the client
ACTR: Advantages for the client/therapist relationship were experienced regarding the inclusion of spirituality in therapy
AT: Advantages were experienced by the therapists regarding the inclusion of spirituality in therapy

MR: Multiple relationships
CT: Countertransference was experienced by the therapists due to the inclusion of spirituality in therapy

SR/T: Therapist's beliefs influenced therapy
MC: Mulitculturalism was valued
ATC: Against the use of theistic consent
SI: Spiritual intervention used
CRT: Clients beliefs influenced therapy
WC: Clients were willing to address their beliefs
CL: Therapists were client-led
RoS: The role of spirituality was described
IT: Inadequate training
Incl: Inclusion of spirituality in training programmes recommended
Nincl: Inclusion of spirituality in training programmes not recommended

C: Conflict

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Theme	Subtheme	Codes[1]	Category
			1.2.3 The nature of the inclusion of spirituality as a component of educational psychology training programs as personal compared to institutional
Theme 2: The educational psychologists' practical use of spirituality in therapeutic practice	2.1 The use of theistic consent in therapeutic practice	ITC ATC FTC	2.1.1 The use of informal theistic consent in therapeutic practice
			2.1.2 The use of formal theistic consent in therapeutic practice
			2.1.3 Absence of theistic consent in therapeutic practice
	2.2 The use of spiritual themes and interventions in therapeutic practice	SI SF	2.2.1 Spiritual themes in therapeutic practice
			2.2.2 Spiritual interventions in therapeutic practice
	2.3 The role of the client in addressing spirituality in therapeutic practice	CRT / R/nRTD WC	2.3.1 Clients' spiritual beliefs influence the therapeutic process
			2.3.2 Spiritual clients display willingness to address their beliefs in therapy
			2.3.3 Spiritual clients seek out educational psychologists with similar belief systems
Theme 3: The educational psychologists experienced advantages related to the inclusion of spirituality in therapeutic practice	3.1 Advantages of including spirituality in the therapeutic process for the client	AC RoS	
	3.2 Advantages of including spirituality in the therapeutic process for the therapeutic relationship	ACTR RoS	
	3.3 Advantages of including spirituality in the therapeutic process for the educational psychologists	AT RoS	
Theme 4: The educational psychologists experienced challenges related to the inclusion of spirituality in therapeutic practice	4.1 Countertransference as an experienced challenge related to the inclusion of spirituality in therapeutic practice	CT	
	4.2 Inner conflict arising from multiple roles as an experienced challenge related to the inclusion of spirituality in therapeutic practice	MR	
	4.3 Limitations in discussing spiritual issues as experienced challenge related to the inclusion of spirituality in therapeutic practice	R-MC-T L	

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Appendix G: Informed consent documentation

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YUNIBESITHI YA PRETORIA

Faculty of Education
Department of Educational Psychology
November 2015

To Whom This May Concern

REQUEST TO PARTICIPATE IN A RESEARCH STUDY

You are invited to participate in a descriptive case study focusing on your views, perspectives and attitudes regarding the inclusion of spirituality in therapy, as well as any pitfalls and benefits you may have experienced in this practice. The researcher conducting this study is Lesley King, while the study is supervised by Dr Tilda Loots. This research is being undertaken for the purpose of completion of the Masters degree in Educational Psychology at the University of Pretoria.

I foresee that this study may add to the knowledge and awareness of practitioners regarding the possible challenges and advantages relating to this practice, specifically within the diverse South African context.

The fieldwork for the study will take place between October and November 2015. Data for the study will be collected primarily through verbatim recorded semi-structured interviews. The recordings and transcriptions gained from the interviews will be kept in the possession of the researcher and will be available to the supervisor. All documentation will be kept in a locked drawer in the researcher's study. Participants will have access to the results in the form of member checking of the interview transcripts, as well as within the mini-dissertation. Upon request, the findings of the study will also be made available to the participants. After the

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research is completed, data will be transferred to the supervisor and stored at the University of Pretoria for a period of 15 years.

Time: The interviews and discussions will take place at a time convenient for you.

Place: The interviews will take place at a location suitable to you.

Duration: It is anticipated that the duration of each interview will be approximately 60-90 minutes. The exact duration will, however, depend on the amount of information you disclose and the extent to which discussions become detailed.

Your participation in this research project is voluntary and confidential. You may decide to withdraw at any stage. If you are willing to participate in this study, please sign this letter as a declaration of your consent, i.e. that you are participating in this research project willingly and that you understand that you may withdraw from the research project at any time. Under no circumstances will the identity of participants involved in this research study be made known to any party or organisation.

You are more than welc u have any further questions.

Participant's signature: .....

Date: 1 April 2016

Kind regards,

Lesley King

Cell: 0727995429

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Supervisor: s

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