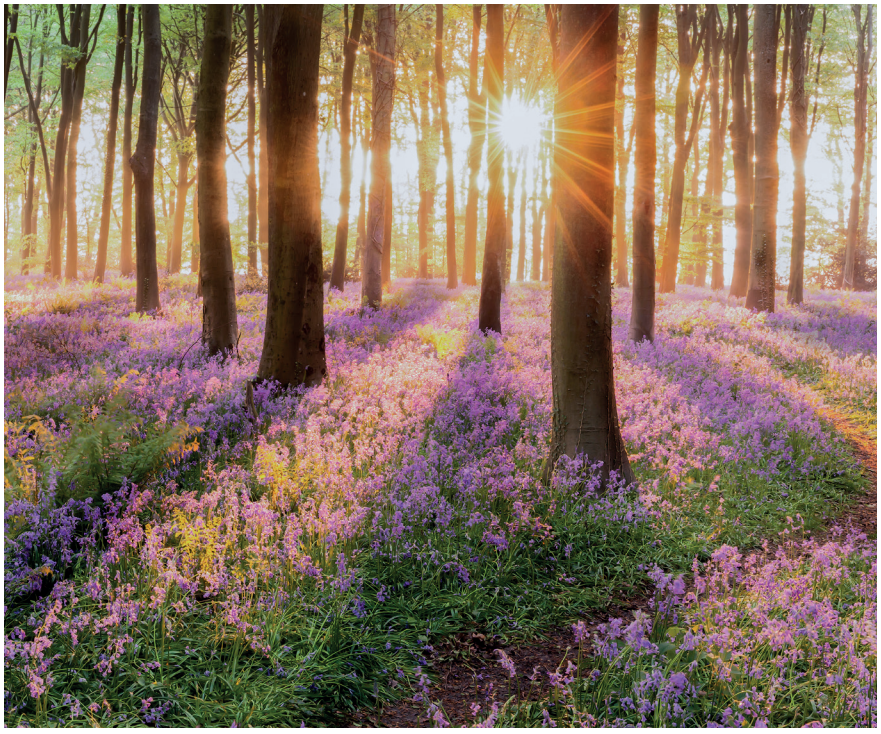
Academic/Research Article

Talking taboos: An exploration of therapists' experiences of spirituality within therapeutic practice

By Donna Mc Cafferty



Religion and spirituality continue to be essential protective factors within many people's lives and, when integrated competently, have been found to improve client outcomes and strengthen the therapeutic alliance. Despite this, research has found that most therapists are hesitant to broach these issues

Introduction

The last few decades have witnessed an increase in empirical evidence that imbues the importance of embracing the spiritual dimension within therapy (Bryant-Davis & Wong, 2013; Captari et al., 2018; Corey, 2005; Jung, 2014; Koenig et al., 2012; Smith et al., 2007). This wider acceptance of spirituality has come a long way from earlier theorists, such as Freud, who considered it something of a mass "neurosis" (Novak, 2016, p.24) or "infantile wish fulfilment" (DiCenso, 1996, p.168).

Yet, despite its more recent proliferation, this subject is considered one of the most neglected and unexamined issues of diversity within the mental health arena (Gutsche, 1994; Miller & Thoresen, 2003). This is significant, considering that many clients view religion and spirituality as essential and protective factors within their lives (Oxhandler & Parrish, 2018; Zenkert et al., 2013). However, religious and spiritual discourse and its integration into therapy remains nuanced, with many therapists professing to avoid the issue or to wait for the client to bring it up (Oxhandler & Giardina, 2017; Post & Wade, 2014).

Defining spirituality

A lack of consensus regarding agreed definitions of religion and spirituality permeates the literature (Plumb, 2011; Ross, 2016). Some researchers argue that spirituality and religion can be considered separate constructs with shared and overlapping concepts (Sermabeikian, 1994; West, 2011), whilst others assert that an increasing tendency to merge religious and spiritual beliefs and philosophies has further muddied

the waters (Hogan & Woodhouse, 2019; Ross, 2016).

Koenig (2012) encapsulates religion as "an organised system of beliefs, practices, rituals and … symbols" with specific functions in facilitating closeness to "the transcendent … a God or … higher power" (p.2). Whilst spirituality has been commonly referred to as a search for the "sacred" and with words such as "transcendence" or "soul" and/or "god(s)" (Hill et al., 2000, pp.60-62), it is rooted in unique embodied human experiences, connection to other people, nature and the universe outside of ordinary consciousness (Mahon, 2012). It is concerned with "purpose, meaning and altruism" in addition to engaging with the sufferings of life (West, 2011, p.16).

Owing to the myriad of complexities surrounding the consensus on the definition of spirituality and religion, both terms will be referred to as R/S throughout this article.

The literature

Research shows that 90% of Americans report a belief in a higher power, with almost half engaging in daily prayer (Oxhandler & Parrish, 2018; Rosmarin et al., 2013; Zenkert et. al., 2014). Whilst steadily declining in its pervasiveness, the Irish situation is not dissimilar, with 88% of Ireland's population identifying with a listed religion in the 2016 census (CSO, 2016), and almost 80% identifying with a listed religion in the 2022 census (CSO, 2022). However, 14% of Ireland's population identified as having no religion in 2022 – a significant increase from previous census figures. It is also worth noting that questions on the frequency of religious practice and spirituality were not included in the census. Data from the 2014/2016 European Social Survey revealed that Irish people aged 16-29 are the fourth most religious group in Europe. Of those identifying as Catholic, 43% reported praying weekly and reported attending religious ceremonies as important.

Perusing the literature has raised important practical and ethical issues, which appear to act as barriers for some therapists in engaging with R/S in therapy

Studies posit that R/S enters the therapy room regularly and for a wide range of reasons. Existential struggles, meaning, purpose, connection and belonging, bereavement, loss, abuse, illness, and addiction were mooted across the studies as reasons for R/S arising in therapy (Hogan & Woodhouse, 2019; Oxhandler & Parrish, 2018; Zenkert et al.,2014). Additionally, R/S was raised when clients' R/S beliefs conflicted with other values or needs, often creating R/S dilemmas and/or feelings of shame and guilt (Plumb, 2011; Zenkert et al, 2014). Conflicting concepts around divorce, sexuality, self-forgiveness, self-compassion, and self-love versus positioning God's needs or the community's needs first were also cited by the literature (Hogan & Woodhouse, 2019).

Therapist reluctance

Despite its significance within the general population and the correlation between R/S and reduced psychological distress (Ivzvan et al., 2013; Rosmarin et al., 2013), many therapists do not raise or integrate the topic, considering it problematic (Hogan & Woodhouse, 2019; Smith et al., 2019; Zenkert et al., 2014). Whilst overall the studies have shown that more therapists have a positive view of integrating R/S into therapy, particularly when it is raised by the client, themes of therapist reluctance to raise R/S pervade the literature (Oxhandler & Giardina, 2017; Post & Wade, 2014). Therapist responses ranged from comfort, awkwardness, carefulness, and discomfort at addressing such issues in practice (Plumb, 2011; Rosmarin et al., 2013, Zenkert et al., 2014), with many therapists professing to waiting for the client to raise this issue, even where R/S issues pertain to the presenting problem (Crossley & Slater, 2005; Hogan & Woodhouse, 2019).

This position is at odds with empirical research, which suggests that clients prefer the therapist to initiate discussion around R/S and that doing so enhances the therapeutic alliance and provides valuable information at the assessment, formulation, and treatment planning stages (Dimmick et al., 2022; Oxhandler & Giardina, 2017; Oxhandler & Parrish, 2018; Post & Wade, 2014; Zenkert et al., 2014). Clients cite power differentials and a fear of being judged negatively or proselytised as precipitating factors for this preference (Oxhandler & Parrish, 2018; Plumb, 2011; Post & Wade, 2014).

Perusing the literature has raised important practical and ethical issues, which appear to act as barriers for some therapists in engaging with R/S

in therapy. These range from therapist competence, theoretical orientation, and lack of training, to issues of countertransference, bias, and language barriers when working with R/S matters (Zenkert et al., 2014).

The literature illustrated that, in addition to theoretical orientations, comfort levels, and familiarity with R/S issues, the therapists' own beliefs and values determine whether and the extent to which they may integrate R/S into therapy. Thus, awareness of own biases, beliefs, and values pertaining to R/S and the exploration of this within supervision were emphasised (Koenig et al., 1996; Plumb, 2011; Zenkert et al., 2013). Arguably, this point would appear significant considering that the therapist community tends to be less religious and spiritual than the general population (Rosmarin et al., 2013; Zenkert et al., 2014).

Furthermore, the literature accentuates the need for therapist aptitude in distinguishing R/S discourse and beliefs from psychopathology. The proclivity of the untrained and ill-equipped therapist to pathologise R/S experiences, practices, and beliefs as mental health disorders was further highlighted by the research (Hogan & Woodhouse, 2019; Plumb, 2011). Additionally, proficiency in identifying developmental trauma responses, defense mechanisms, and phenomena such as spiritual bypassing and psychosis when responding to and working with R/S issues within therapy is also emphasised as critical (Caplan, 2009; Cashwell et al., 2004; Currier et al., 2018; Welwood, 2002). Spiritual bypassing refers to "the use of spiritual experiences, beliefs, or practices to avoid (or bypass) psychological wounds and other personal and emotional unfinished business" (Cashwell et al., 2004, p.403). Within the reviewed studies, the majority of therapists referenced their own sense of ineptness and unpreparedness to work with such complex, nuanced, and deeply personal experiences and issues (Plumb, 2011; Rosmarin et al., 2013, Zenkert et al., 2014).

The proclivity of the untrained and ill-equipped therapist to pathologise R/S experiences, practices, and beliefs as mental health disorders was highlighted by the research

A sensitive line

Crossley and Salter (2005) posit that a sensitive line exists between the intricacy, ambiguity, and subjective interpretation of R/S beliefs and developmental or mental health disorders. They suggest that not just the medical model, but also multidimensional perspectives such as Buddhism and the transpersonal perspective on psychosis, are integrated into clinical practice and core training programmes to enhance therapist proficiency in this area, thus upholding client welfare.

Moreover, research suggests that remaining cognisant of codes of ethics and guidelines, in addition to the deeply individual and personal nature of R/S beliefs, may support and ease therapist angst in this regard (Delaney et al., 2013). Thus, augmenting the therapist's capacity to support the client in exploring what their R/S beliefs mean to them may enhance the likelihood for healing to occur (Oxhandler & Parrish, 2016; Vieten et al., 2013).

The literature unequivocally stresses the importance of adequate training and supervision in discussing and integrating R/S issues. However, adequate training and supervision were reported as lacking, albeit desired by studies mooted within the literature. A strong link was made between the lack of training and education in this area and therapists' reported levels of readiness and competence when met with R/S issues (Hogan & Woodhouse, 2019).

The findings of this literature review illuminate the positive, challenging, and ethically important factors surrounding the discussion and integration of R/S into therapeutic practice. These issues were further explored within the author's own research.

Author's research

The author conducted her own research on this subject as part of a Master's thesis. The research was qualitative, using semi-structured interviewing, and was conducted with four psychotherapists. Interpretative Phenomenological Analysis (IPA) was used to explore therapists' experiences of engaging with R/S discussions, disclosures, and/or interventions in the therapy room.

Approval for this study was obtained from the IICP Ethics Committee. All data protection and ethical standards were adhered to throughout including seeking informed participant consent and offering debriefing support.

Five superordinate themes were identified from the research: understanding of R/S; in-session

discussion of R/S and practices of R/S; challenges of integrating R/S into therapy; benefits of integrating R/S into therapy; and the importance of supervision.

Understanding of R/S

Each participant purported a unique, varying, and contrasting understanding, articulation, and experience of religion and spirituality. Moreover, most of the respondents appeared to struggle to fully articulate or capture their understanding of R/S in the context of personal, professional, and educational experiences of R/S. This finding correlates with the literature review findings that a lack of a common or shared language or definition of R/S pervades the profession, adding layers of confusion, secrecy, and mystery (Kapuscinski & Masters, 2010; Ross, 2016; Vachon, 2008). However, it equally correlates with the literature's assertion that R/S are unique embodied constructs (West, 2011).

The participants largely reported little to no experiences of training in R/S within their core undergraduate training. One participant sought out a separate diploma in R/S to bridge this gap and all participants reported no awareness of or engagement in continuous professional development (CPD) training in R/S. These findings correlate with the literature that highlights inconsistent to almost non-existent levels of training in R/S issues across most undergraduate programmes (Oxhandler & Giardina, 2017; Rosmarin et al, 2013; Smith et al., 2019). Additionally, the literature contends that therapists tend to seek out additional training on R/S, considering their core training in this area as inadequate (Hogan & Woodhouse, 2019).

A lack of a common or shared language or definition of R/S pervades the profession, adding layers of confusion, secrecy, and mystery

A dearth of training in R/S issues resulted in some participants reverting to intrapersonal knowledge, experiences, and information such as "Google" or "the way I was trained". These findings also parallel research identifying that therapists tend to revert to intrapersonal experiences and core modalities of training in the absence of sufficient training on R/S, highlighting the ethical risks such practice may pose (Oxhandler & Gardinia, 2017; Plumb, 2011).

In-session discussion and practices of R/S

All participants reported varying levels of encounters with R/S in practice ranging from "rarely" to "a lot". Participants who purported no or lower amounts of personal belief in R/S, as well as placing a lesser value and purpose in raising or discussing R/S issues in practice, reported the most infrequent experiences of R/S. In contrast, the opposite was true for participants reporting higher levels of belief and value in R/S. This finding coincides with studies that link therapists' intrinsic religiosity, beliefs, and backgrounds to whether and the extent to which they factor R/S into practice (Oxhandler & Giardina, 2017; Oxhandler & Parrish, 2018; Plumb, 2011; Zenkert et al., 2013).

All participants equalled in professing to never raising or initiating the subject of R/S and always waiting for the client to raise the issue. Respondents cited fear of "offending" or "influencing" the client, rupturing the alliance, being judged negatively or being misunderstood, a lack of knowledge or training in R/S, encountering overtly unfamiliar or opposing beliefs, or failing to see the value or purpose of R/S in practice as reasons for not raising the issue. This finding correlates to the literature review that found therapists are open to discussing R/S but wait for clients to raise the topic (Currier et al., 2018; Dimmick et al., 2022).

Similarly, these findings echo research that reports therapist fears and concerns elicit angst and avoidance in engaging with R/S in therapy (Crossley & Salter, 2005; Hogan & Woodhouse, 2019; Oxhandler & Giardina, 2017; Plumb, 2011; Rosmarin et al., 2013). Conversely, Zenkert et al. (2014) and Oxhandler and Giardina (2017) found that exploring this area can enhance the therapeutic alliance and outcomes.

Challenges of integrating R/S into therapy

All participants spoke of the varying degrees of challenges they have encountered when working with R/S issues in therapy and reported an openness to discussing R/S and working with clients from differing value and belief backgrounds. However, all participants professed varying levels of uneasiness in working with clients who held strongly

opposing, unfamiliar, or differing beliefs or backgrounds to them. All participants expressed a cognisance that any discussion of R/S should come from the client. This derived from a fear of perhaps seeming to influence the client or promoting their own agenda.

Similarly, a fear of being judged negatively or misunderstood by raising the issue, or inadvertently disclosing their own leanings, was identified as a fear and challenge. Two of the participants who identified as strongly religious and/or spiritual disclosed concerns that raising R/S in therapy may lead to them being viewed as "crazy" "nuts" or "fucking mad" by clients, their families and/or other therapists, colleagues, or supervisors.

Furthermore, three participants expressed fear that clients with different beliefs could misunderstand or negatively judge them, leading to a rupture in the alliances, with one participant stating that "they mightn't want to come back" if their divergent or opposing beliefs became known.

Finally, all participants made reference to the value placed on R/S by either themselves, societally, culturally, and/or within the profession. One participant noted that "there isn't enough value placed on working spiritually" and another stated that they do not "see the value in organised religion ... to me, spirituality would have a much bigger place in a counselling room". These findings align with the literature's assertion that therapists' own beliefs, experiences, and value systems determine whether and the extent to which R/S may feature within therapy (Oxhandler & Giardina, 2017; Oxhandler & Parrish, 2018; Plumb, 2011; Zenkert et al., 2013).

One participant noted that "there isn't enough value placed on working spiritually" and another stated that they do not "see the value in organised religion ..."

Benefits of integrating R/S into therapy

Most participants considered incorporating R/S into practice as yielding positive outcomes for clients and the therapeutic alliance. This sentiment was unanimous when the presenting issue centered on an R/S issue or crisis and was initiated by the client. Additionally, participants reflected the view that clients who did not express or engage in R/S beliefs or practices appeared to experience greater levels of mental health distress, including incidents of "self-harm" and "suicidal ideation". This coincides with findings by Dimmick et al. (2022), Koenig (2009), and Williams and Sternthal (2007) who contend that clients with greater levels of religiosity and spirituality tend to enjoy better mental health.

Similarly, the findings suggest that some participants consider information around R/S beliefs as useful to the assessment, formulation, and intervention processes. The literature supports this finding, noting that this information can provide a greater understanding of the client's worldview and assist in assessment, formulation, and collaborative interventions (Oxhandler & Parrish, 2018; Plumb, 2011).

Participants' responses to discussing and integrating R/S varied from enjoyment to comfort or discomfort depending on the therapists' own background and the presenting issue. Where their beliefs were clashing, participants reported unease, hesitation, and angst. However, where the issue or belief was considered very important to the client, most participants reported openness, curiosity, and a prizing of the client and the R/S issue. This correlates with the literature findings that therapists are open to incorporating R/S when it is viewed as important by the client and report varying levels of comfort depending on their own background and the presenting issue (Crossley & Salter, 2005; Hogan & Woodhouse, 2019; Zenkert, 2014).

Whilst generally open to discussing complex and ethically sensitive topics, participants highlighted that "it is a big thing to weigh that up even as a therapist ... you have your legal issues or your scope of practice". This finding echoes the literature's emphasis on the importance of supportive supervision and training in the area of R/S discourse, thus potentially alleviating therapist angst and mitigating the potential for over- or under-pathologising R/S issues and experiences in practice (Caplan, 2009; Hogan & Woodhouse, 2019; West, 2011).

One participant spoke passionately about their extensive experience working with mental illness, their familiarity with psychosis and schizophrenia, and their current work with people who "see things". The participant made the point that "another therapist would have [a client] down as psychotic" but that their professional and personal experience had led them to conclude otherwise.

This ethical and competency-based concern also arose in the literature which advised caution around the potential to pathologise R/S experiences and beliefs as mental health disorders (Hogan & Woodhouse, 2019; Plumb, 2011).

Importance of supervision

Supervision was considered "essential" by most of the participants as a platform to reflect upon the personal and professional intricacies of working with R/S. Matching with supervisors with similar backgrounds and beliefs was echoed as fundamental by most of the participants. Participants mooted the professional and personal gains of being able to be open with, supported by, and learn from an understanding, informed, and aligned supervisor, with most participants reporting satisfactory supervisory matching and spaces for such support.

This finding diverges from the literature, which suggested that therapists found this reflective space to be lacking in supervision. Furthermore, the literature found that therapists tended to be hesitant to bring R/S issues to supervision, citing paradigm differentials and fear of judgement or misunderstandings as barriers to raising the issue (Hogan & Woodhouse, 2019; Oxhandler & Giardina, 2017; Plumb, 2011).

Limitations and suggestions for future study and practice

Self-selecting respondents with an interest in R/S may have been more likely to respond, presenting a possible limitation. Owing to time constraints the sample size was small and all-female, rendering the sample homogenous and generalisability limited. Future research could explore the effects of increased training and CPD on therapist's competency and confidence in this area. Implications for future practice could include routine exploration of R/S preferences at the initial assessment stage and the regular exploration of biases and blind spots in supervision.

Therapists tended to be hesitant to bring R/S issues to supervision, citing paradigm differentials and fear of judgement or misunderstandings

Conclusion

Despite the absence of shared R/S terminologies, historical polarisation, and some remaining unease, many therapeutic modalities and therapists acknowledge the enriching power of incorporating R/S dimensions within therapy. Extensive research exists, indicating that when done so competently, integrating R/S is associated with improved client outcomes and a strengthened therapeutic alliance (Captari et al., 2018; Smith et al., 2007). Evidence suggests that it may also strengthen the client's cultural resources, providing valuable insights around clients' worldview and their ability to cope and heal (McLeod, 2018; Oxhandler & Parrish, 2018; Plumb, 2011).

Notwithstanding this evidence many therapists do not initiate or include R/S discourse within therapy unless raised by the client, reporting varied and conflicting feelings of unease, discomfort, and unpreparedness. Furthermore, the impact of therapists' theoretical orientations, levels of training, and familiarity with R/S, as well as intrinsic R/S have been highlighted as influencing whether and the extent to which R/S may feature in therapy.

Additionally, insufficient training may result in a tendency to avoid, dismiss, over-identify with, or pathologise R/S issues. Skill and experience in such areas may mitigate against the pathologising of clients with inherent and specific R/S belief systems, recognising this as distinct from psychological disorders, which is also an essential therapist competency (Welwood, 2011; Zinnbauer & Pargament, 1998). Thus, careful attention to own biases, values, backgrounds, supervision, training, and competence is advised to ensure that client welfare and outcomes, in addition to ethical practices, are maintained and upheld.

Donna Mc Cafferty

Donna Mc Cafferty is a qualified psychotherapist, recently graduating with an MSc in Pluralistic Counselling and Psychotherapy from IICP in Dublin. She has worked as a senior clinician with Jigsaw (The National Centre for Youth Mental Health) for over seven years and also works in private practice. Donna works with clients experiencing a broad range of mental health difficulties and has a particular interest in trauma-focused work and spiritually conscious care.

She can be contacted at mccaffertydonna@outlook.com

REFERENCES

Bryant-Davis, T., & Wong, E. C. (2013). Faith to move mountains: Religious coping, spirituality, and interpersonal trauma recovery. *American Psychologist*, *68* (8), 675-684. https://doi.org/10.1037/a0034380

Caplan, M. (2009). *Eyes wide open: Cultivating discernment on the spiritual path*. Boulder: Sounds True.

Captari, L. E., Hook, J. N., Hoyt, W., Davis, D. E., McElroy-Heltzel, S. E., & Worthington Jr, E. L. (2018). Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta- analysis. *Journal of Clinical Psychology*, *74*(11), 1938-1951. https://onlinelibrary.wiley.com/doi/10.1002/jclp.22681

Cashwell, C.S., Myers, J.E. & Schurts, W.M (2004). Using the developmental counselling and therapy model to work with a client in spiritual bypass. *Journal of Counselling and Development*, *82* (4), pp.403-409.

Central Statistics Office. (2016). *Census 2016 reports. https://www.cso.ie/en/census/census2016reports/*

Central Statistics Office. (2022). *Census 2022 results. https://www.cso.ie/en/releasesandpublications/ep/p-cpp5/census2022profile5-diversitymigrationethnicityirishtravellersreligion/religion/*

Corey, G. (2005). *Theory and practice of counselling and psychotherapy*. Belmont, C.A.: Brooks/Cole.

Crossley, J., & Salter, D. (2005). A question of finding harmony: A grounded theory study of clinical psychologists' experience of addressing spiritual beliefs in therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, *78*(3), 295-313. https://doi.org/10.1348/147608305X26783

Currier, J. M., Pearce, M., Carroll, T. D., & Koenig, H. G. (2018). Military veterans' preferences for incorporating spirituality in psychotherapy or counseling. *Professional Psychology: Research and Practice*, *49*(1), 39-47. https://doi.org/10.1037/pro0000178

Delaney, H., Miller, W., & Bisonó, A. (2013). Religiosity and spirituality among psychologists: A survey of clinician members of the American Psychological Association. *Spirituality in Clinical Practice*, *1*(S), 95-106. https://doi.org/10.1037/0735-7028.38.5.538

DiCenso, J. (1991). Religion as illusion: Reversing the Freudian hermeneutic. *The Journal of Religion*, *71*(2), 167-179. https://doi.org/10.1086/488595

Dimmick, A. A., Trusty, W. T., & Swift, J. K. (2022). Client preferences for religious/spiritual integration and matching in psychotherapy. *Spirituality in Clinical Practice, 9*(3), 202-211. *https://psycnet.apa.org/doi/10.1037/scp0000269*

European Social Survey. (2018). ESS 1-9, European Social Survey Cumulative File, Study Description. Bergen: Sikt - Norwegian Agency for Shared Services in Education and Research, *Norway for ESS ERIC.* doi:10.21338/NSD-ESS-CUMULATIVE

Gutsche, S. (1994). Voices of healing: therapists and clients journey towards spirituality. *Journal of Systemic Therapies*, *13*(3), 3-5. https://doi.org/10.1521/jsyt.1994.13.3.3

Hill, P. C., Pargament, K. I., Hood, R. W., McCullough, J. M. E., Swyers, J. P., Larson, D. B., & Zinnbauer, B. J. (2000). Conceptualizing religion and spirituality: Points of commonality, points of departure. *Journal for the theory of social behaviour, 30*(1), 51-77. https://doi.org/10.1111/1468-5914.00119

Hogan, K. F., & Woodhouse, R. (2019). "Out on the edge of my comfort": Trainee counsellor/psychotherapists' experiences of spirituality in therapy – A qualitative exploration. *Counselling and Psychotherapy Research*, *20*(1), 173-181. https://doi.org/10.1002/capr.12264

Ivzvan, I., Chan, C., Gardner, H., & Prashar, K. (2013). Linking religion and spirituality with psychological well-being: Examining self-actualization, meaning in life, and personal growth initiative. *Journal of Religion and Health*, *52*(3), 915-929. https://doi.org/10.1007/s10943-011-9540-2

Jung, C. (2014). *Modern man in search of a soul*. Milton: Taylor and Francis.

Kapuscinski, A. N., & Masters, K. S. (2010). The current status of measures of spirituality: A critical review of scale development. *Psychology of Religion and Spirituality*, *2*(4), 191. https://psycnet.apa.org/doi/10.1037/a0020498

Koenig, H. G., Larson, D. B., & Matthews, D. A. (1996). Religion and psychotherapy with older adults. *Journal of Geriatric Psychiatry*, *29*(2), 155-184.

Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *The Canadian Journal of Psychiatry*, *54*(5), 283-291. https://doi.org/10.1177/070674370905400502

Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Notices*, 2012. https://doi.org/10.5402/2012/278730

Koenig, H., King, D., & Carson, V. (2012). *Handbook of religion and health*. (2nd ed.). New York: Oxford University Press.

Mahon, S. (2012). Spirituality and therapy. *Eisteach*, 12, 8-12. https://iacp.ie/files/UserFiles/IJCP-Articles/2012/Spirituality-and-Therapy-by-Siobhan-Mahon.pdf

McLeod, J. (2018). *Pluralistic Therapy: Distinctive Features*. Routledge.

Miller, W.R. & Thoresen, C.E. (2003). Spirituality, religion and health. *American Psychologist*, *58*(1), 24- 35. https://psycnet.apa.org/doi/10.1037/0003-066X.58.1.24

Novak, D. (2016). On Freud's theory of law and religion. *International journal of law and psychiatry*, *48*, 24–34 *https://doi.org/10.1016/j.ijlp.2016.06.007*

Oxhandler, H. K., & Parrish, D. E. (2016). *The development and validation of the Religious/ Spiritually Integrated Practice Assessment Scale. Research on Social Work Practice, 26*, 295-307. *https://doi.org/10.1177/1049731514550207*

Oxhandler, H. K., & Giardina, T. D. (2017). Social workers' perceived barriers to and sources of support for integrating clients' religion and spirituality in practice. *Social Work*, *62*(4), 323-332. https://doi.org/10.1093/sw/swx036

Oxhandler, H. K., & Parrish, D. E. (2018). Integrating clients' religion/spirituality in clinical practice: A comparison among social workers, psychologists, counselors, marriage and family therapists, and nurses. *Journal of clinical psychology*, *74*(4), 680-694. https://doi.org/10.1002/jclp.22539

Pargament, K. I., Zinnbauer, B. J., Scott, A. B., Butter, E. M., Zerowin, J., & Stanik, P. (1998). Red flags and religious coping: Identifying some religious warning signs among people in crisis. *Journal of Clinical Psychology*, *54*(1), 77-89.

https://doi.org/10.1002/(SICI)1097-4679(199801)54:1%3C77::AID-JCLP9%3E3.0.CO;2-R

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

Post, B. C., Wade, N. G., & Cornish, M. A. (2014). Religion and spirituality in group counseling: Beliefs and preferences of university counseling center clients. Group Dynamics: *Theory, Research, and Practice*, *18*, 53–68. *https://doi.org/10.1037/a0034759*

Richards, P. S., & Bergin, A. E. (2005). *A spiritual strategy for counseling and psychotherapy* (2nd ed.). Washington, DC: American Psychological Association.

Rosmarin, D. H., Green, D., Pirutinsky, S., & McKay, D. (2013). Attitudes toward spirituality/religion among members of the Association for Behavioral and Cognitive Therapies. *Professional Psychology: Research and Practice*, *44*(6), 424. https://psycnet.apa.org/doi/10.1037/a0035218

Ross, A. (2016). Identifying the categories of spiritual experience encountered by therapists in their clinical work. *British Journal of Guidance & Counselling*, *44*(3), 316-324. https://doi.org/10.1080/03069885.2016.1145192

Saunders, S. M., Miller, M. L., & Bright, M. M. (2010). Spiritually conscious psychological care. Professional Psychology: *Research and Practice*, *41*(5). https://psycnet.apa.org/doi/10.1037/a0020953

Sermabeikian, P. (1994). Our clients, ourselves: The spiritual perspective and social work practice. *Social Work, 39*(2), 178-183. https://doi.org/10.1093/sw/39.2.178

Smith, T. B., Bartz, J., & Richards, P. S. (2007). Outcomes of religious and spiritual adaptations to psychotherapy: A meta-analytic review. *Psychotherapy Research*, *17*, 643-655. https://doi.org/10.1080/10503300701250347

Smith, T. B., Lyon, R. C., & O'Grady, K. (2019). Integration or separation? Addressing religious and spiritual issues in multicultural counseling: A national survey of college counselors. *Journal of College Counseling*, *22*(3), 194-210. https://doi.org/10.1002/jocc.12137

Vachon, M. L. (2008). Meaning, spirituality, and wellness in cancer survivors. *In Seminars in Oncology Nursing, 24*(3), 218-225. https://doi.org/10.1016/j.soncn.2008.05.010

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

Welwood, J. (2002). *Toward a psychology of awakening Buddhism, psychotherapy, and the path of personal and spiritual transformation*. Boston: Shambhala.

Welwood, J. (2011). Human nature, Buddha nature: on spiritual bypassing, relationship and the dharma. *interview by Tina Fossella, Tricycle Magazine, Spring*, 1.

West, W. (2011). *Exploring therapy spirituality and healing*. Basingstoke: Palgrave.

Williams, D. R., & Sternthal, M. J. (2007). Spirituality, religion and health: evidence and research directions. *The Medical Journal of Australia, 186*(S10), S47–S50. https://doi.org/10.5694/j.1326-5377.2007.tb01040.x

Zenkert, R. L., Brabender, V., & Slater, C. (2014). Therapists' responses to religious/spiritual discussions with trauma versus non-trauma clients. *Journal of Contemporary Psychotherapy*, *44*(3), 213–221. Doi: 10.1007/s10879-014-9264-1

Zinnbauer, B. J., & Pargament, K. I. (1998). Spiritual conversion: A study of religious change among college students. *Journal for the Scientific Study of Religion*, 161-180. https://doi.org/10.2307/1388035