Transcendence Through Talking

By

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Table of Contents

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Abstract

This research thesis examines the integration of spirituality into psychotherapy with a specific focus on the Irish context. Through critical engagement with existing literature, the study addresses three key objectives: (1) to examine the key conceptual and historical foundations of spirituality in psychotherapy, (2) to assess client preferences and therapists' challenges concerning integration, and (3) to evaluate U.S informed frameworks and competence models and their applicability to Irish clinical practice. The thesis findings suggest that while there is wide support for the integration of spirituality into psychotherapy, significant challenges persist, including ethical questions, ambiguity regarding definitions, and the lack of culturally informed training in Ireland. The study concludes by recommending empirical research, the development of location-specific competencies, and cross-discipline dialogue to enable psychotherapy to respond to spiritual questioning with cultural sensitivity and competence.

Keywords: spirituality, psychotherapy, Ireland, United States, spiritual, competence, training, ethics, bias, challenges, professional bodies

Introduction

The perception of spirituality within the field of psychotherapy has changed significantly since the advent of psychotherapy, and there is now increased acknowledgement that spirituality may play an essential role in the holistic care that psychotherapists can provide. Research indicates that spiritual questioning is very likely to emerge for clients who are suffering or searching for meaning and that psychotherapy is an important resource in confronting such spiritual questioning (Shafranske & Maloney, 1990; Corbett, 2011; Vieten et al., 2016; Pearce at al., 2019; Vieten et al., 2023). The integration of spirituality into psychotherapy is increasingly posited as pivotal in addressing clients' holistic needs yet significant ambiguities persist necessitating further exploration.

The review of existing literature evidenced that the majority of research into this topic to date has been conducted from an American perspective. Determining whether existing research results are replicated across Europe and Ireland is difficult. Furthermore, cultural, historical, and societal differences raise important questions about the applicability of American research and findings in an Irish context. In addition, notwithstanding the evidence promoting the benefits of incorporating spirituality into psychotherapy, the literature also uncovered perceived risks or dangers of incorporating a spiritual dimension into psychotherapeutic practice. The need for a deeper understanding of these risks and how they can be managed and mitigated through the development of competencies and training necessitates this research thesis.

Crucially, the distinction between spirituality and religion is unclear in much of the research; however, according to Shafranske & Sperry (2005, p. 11-29), who have written extensively on this topic, the distinction is clear: religion involves "a formal tie to a religious organisation, and following defined specific beliefs" whereas spirituality involves a "personal,

inherent and principle-driven connection with a higher power, independent of conventional religious structures" (2005, p.16). However, as noted by Sheldrake (2016. p.16), there is no single, generic definition of spirituality that "exists on a plane above and beyond history, culture and context"; any definition of spirituality is, therefore, a construct, as opposed to "a scientifically objective observation" (Sheldrake, 2016. p.16). For the purposes of this research, the following working definition of spirituality is borrowed from a reading of Kierkegaard's theories on the three stages of life, incorporating aesthetic, ethical, and religious stages that traverse the path to discovering our true selves. (Kierkegaard, 1849). This definition, adapted from Kierkegaard's concepts, allows a focus on the constituent experience of spirituality and on an inward transformation. It acknowledges spirituality as a unique and personally meaningful experience not influenced by objective doctrines or conformity and recognises that facing despair and suffering is part of spiritual exploration:

"An inward journey toward authentic selfhood through faith, a confrontation with despair, and a personal commitment to truth."

The aim of this research is to explore the integration of spirituality into psychotherapy with a focus on Irish contexts, addressing deficiencies in existing research and training. The objectives are to 1) explore the conceptual foundations of spirituality in psychotherapy focusing on definitions and historical perspectives that underpin contemporary practice; 2) assess client preferences and therapist biases as well as proposed competencies and training needed for spiritually integrative clinical practice, and 3) investigate region-specific perspectives to determine if existing findings which are from predominantly American research are applicable in an Irish context.

The research examined data from several sources, including books, academic papers, historical documents, journals, and existing research on spirituality and psychotherapy. Academic sources and databases such as Academia, Google Scholar, and EBSCO Discovery were utilised to collate data. The search words were explicitly based on the research aim and objectives and incorporated Boolean operators and synonyms to refine the search. The keywords searched were spirituality, psychotherapy, secular and integration. Peer-reviewed articles published in the last thirty years and seminal texts from authors who have written extensively and prolifically on this subject were prioritised. The date range of the research is 1980 to 2024.

To address the research objectives, this thesis is organised into four chapters. Chapter One examines the conceptual foundations of spirituality in psychotherapy, including definitional challenges, historical and philosophical influences, overlapping features of spirituality and psychotherapy and societal, contextual and historical variations in the development of spirituality in Ireland and the United States. Chapter Two focuses on the ethical distinctions between spirituality and psychotherapy and on client and therapist perspectives, examining client expectations as well as therapist biases and challenges. Chapter Three grounds the research in an Irish context, assessing some of the competency frameworks and training proposed through American research and the relevance and limitations of American findings to Ireland. Finally, Chapter Four, the discussion, synthesises the findings from the preceding chapters, identifies gaps and assumptions, and makes recommendations for future direction. Through exploration of the integration of spirituality into psychotherapy, this thesis seeks to provide meaningful insights that can inform training and competency development for Irish psychotherapists.

Chapter 1: Beyond Measurement – Spirituality in Psychotherapy

1.1. Defining the Elusive: What is spirituality?

The existing literature highlights significant ambiguities and conflicts in observing and understanding spirituality's place in psychotherapy. The absence of a consistent definition of spirituality in the field compounds this. This definitional ambiguity has implications not only for theoretical discourse but also for clinical practice. Pargament (2007) asserts that this lack of clarity on definitions contributes to psychotherapy's long-standing tradition of minimising spiritual concerns and aligning them to "presumably more fundamental problems" (2007, p.177), where anger at God is converted to anger at the father and spiritual desolation is converted to a depressive symptom. This minimisation reflects a broader historical pattern of pathologising spiritual experiences within psychotherapy and raises concerns around the potential omittance of a key aspect of the human experience in psychotherapeutic treatment.

The literature reveals differentiations and inconsistencies in its interpretations of spirituality and religion, further complicating efforts at integrating spirituality into psychotherapy. Shafranske & Maloney (1990, p.147) do not make any ultimate distinction between the two; however, they acknowledge that religion is often associated with "dogma and ritual", whereas spirituality can be defined as a personal search for meaning. This view aligns with Vaughan, (1991), Harris et al. (2016), Oxhandler & Pargament, (2018), Vieten & Lukoff, (2022), and Salcone & Rosmarin, (2023), who suggest that religion involves institutional, codified doctrines, compared to a subjective encounter with the "sacred" as a definition of spirituality.

However, such binary distinctions are not unanimously accepted. Frederick (2014) distinguishes between spirituality and religion; in focusing on the interrelatedness of all life, he claims that spirituality requires a "disavowal of organised religion and dogma" (2014, p.

109). In contrast, Hill et al. (as cited in Saunders et al., 2010, p.356) assert that spirituality includes religion and describes both as a search for understanding and meaning. According to Koenig (2009. p.284), the issue is compounded by separate efforts to define spirituality in the fields of mental health and psychology, resulting in no "unique, distinct, agreed-on definition". They state that this directly impairs efforts to develop measures to research and assess spirituality in psychotherapy, resulting in a continued disconnect between empirical measures and subjective experiences. This aligns with the views put forward by Pargament, (2007), Oxhandler et al., (2021), and Vieten at al., (2023).

For this research, a working definition of spirituality based on the readings of Kierkegaard is defined as *an inward journey toward authentic selfhood through faith, a confrontation with despair, and a personal commitment to truth.* The abiding ambiguity around defining spirituality in psychotherapy complicates and obstructs efforts to make reasoned proposals and devise coherent frameworks for integrating spirituality and psychotherapy. The uncertainties also have implications from clinical and ethical standpoints and result in a lack of clarity on the extent to which therapists may engage with the spiritual concerns of their clients (Woodhouse & Hogan, 2019). The definitional complexities surrounding spirituality affect contemporary discourse and are also rooted in the historical evolution of psychotherapy itself. To fully understand the challenges and opportunities of integrating spirituality into psychotherapy, it is necessary to examine how historical and philosophical perspectives have shaped its place within the field. The next section examines these historical and philosophical perspectives, tracing how seminal thinkers and shifting paradigms have influenced contemporary understandings.

1.2. Roots and Theory: Historical and Philosophical Lineages

The relationship between spirituality and psychotherapy has undergone an often uneasy and complex evolution. Perceptions of spirituality within the field have shifted considerably since the emergence of psychoanalysis. According to Freud (1927/1961), spirituality and religion are positioned in direct opposition to scientific analysis; he argued that spiritual beliefs could not withstand the scrutiny and challenge of science. Furthermore, he contended that religion and spirituality were a psychological defence mechanism and stated that religion was "the universal compulsive neurosis of humanity". (Freud, 1927/1961, p.43). Similarly, other early pioneers viewed spirituality as a sign of psychopathology or neurosis. Indeed, according to Pargament (2007. p.8), the two "major psychological paradigms of the 20th century", behaviourism and psychoanalysis, portrayed spirituality in oversimplified and clichéd terms, which dismissed the potential analytic or therapeutic value.

While there were notable exceptions, professionals who encouraged and advocated for the incorporation of spirituality into psychotherapy as early as the 1950s, such as Jung, Allport and Maslow, were the exception rather than the rule. (Shafranske & Maloney, 1990; Harris et al., 2016). Jung (1989) deviated significantly from Freud in his views of spirituality and considered it an essential part of the psyche, fundamental to psychological wholeness. Where Freud dismissed religion and spirituality as a defence mechanism and form of neurosis (Freud, 1927/1961), contemporary psychoanalytic theorists, among them Rizzuto (1979), challenge this view, proposing instead that spirituality cannot be reduced to a defence mechanism. They posit that spirituality forms a major part of one's self-view and that it can function as an adaptive psychological construct.

Meaningful strides toward the integration of spirituality into psychotherapy were made when Maslow conceptualised an additional stage to his hierarchy of needs, that of

transcendence. While criticised for lacking a scientific foundation, it significantly influenced the development of a new psychotherapeutic approach, Humanism, led by Carl Rogers. Humanism proposes that spiritual force or energy can guide or propel us to self-actualisation or self-realisation. It marked a shift from rigid empirical and scientific models to a more holistic perception of the human psyche. This shift paved the way for later moves toward explorations of the integration of spirituality into psychotherapy. (Sargeant & Yoxall, 2023; Jung, 1989; Rogers, 1993).

Indeed, the 1970s brought the inclusion of a fourth dimension, the Uberwelt, or spiritual dimension, into existential therapy following Emmy van Duerzen's insistence that spirituality holds a viable and logical place in psychotherapy. (Rowen, 2018). This shift gained further momentum when, in a 1980 article of significant influence, Bergin challenged the historical neglect of spirituality in psychotherapy and noted that psychotherapy was now beginning to show a renewed interest in spirituality. According to Sargeant & Yoxall (2023), spirituality has now come to be recognised as an element of mental health care that is worthy of attention and which has mounting evidence to attest to the merits and benefits of incorporating spirituality into psychotherapy.

While existing literature evidences the evolution of thinking with respect to spirituality and challenges the validity of older studies and perceptions in contemporary contexts, it also evidences the abiding perception in some circles that spirituality and psychotherapy are "irreconcilably antithetical" (Bienenfled & Yager, 2007, p.178). This enduring scepticism was captured by Epstein (2004, p.14) when they suggested that "the basic tenets are so far apart that they cannot be mixed". The persisting divide underscores the need to critically examine spirituality's place or role in psychotherapy. While these historical perspectives highlight the evolving place of spirituality within the field of psychotherapy, contemporary research suggests that there is more common ground between the two than was initially assumed. The following

section explores these overlapping features and roles and provides a deeper understanding of spirituality's relevance in modern psychotherapeutic practice.

1.3. Where Inner Worlds Meet: Spirituality and the Talking Cure

According to Geller (2006), psychotherapists are tasked with soothing and facilitating clients in their efforts to uncover reasons and meaning for suffering. Kurtz (1999, p.3) states that the "alleviation of mental and emotional distress" is the goal of spirituality. Indeed, Kurtz makes a distinct parallel between spirituality and psychotherapy when they propose that "*the first prayer, like the first call to a therapist, is a cry for help* ". (Kurtz, 1999, p. 32). According to Saunders et al. (2010), incorporating spirituality into psychotherapy is necessary if competent care is to be provided and the goals of psychotherapy are to be achieved. They posit that both disciplines facilitate explorations of fundamental aspects of the human condition and share a common pursuit in their quest for meaning, understanding, alleviation of suffering, and transformation.

Spirituality captures essential elements of a client's "sense of self, worldview and belief system" (Shafranske & Maloney, 1990, p.148), often deeply entwined with presenting issues and psychological struggles. In recognising these connections, there is an acknowledgement that psychotherapy is a valuable resource to confront spiritual and existential questions that are likely to emerge as we suffer. (Corbett, 2011; Pearce et al., 2019; Vieten et al., 2016; Rosmarin et al., 2021; Vieten & Lukoff, 2022; Salcone & Rosmarin, 2023). Existing research suggests that mental health professionals and psychotherapists largely accept the parallels between psychotherapy and spirituality; the results of a 1991 survey by Bergin (as cited in Harris et al., 2016) indicated that 68% of surveyed mental health professionals agreed that spiritual understanding was aligned with positive mental health. A 2013 survey by Delaney et al.

indicated that 82% of respondents, randomly selected members of the American Psychological Association, signalled a positive relationship between mental health and spirituality (Delaney et al., 2013). Indeed, Pargament et al (2005) cite an existential dimension to our problems and propose that the spiritual dimension is an intrinsic part of life interwoven with all other dimensions and that, in contrast to Epstein's (2004) assertion that the two are fundamentally incompatible, posit the view that spirituality cannot easily be separated from psychotherapy.

The current literature suggests that spirituality and psychotherapy intersect in many of their goals and in their impacts on an individual's well-being. There is overlap between the two disciplines in attempts at finding meaning, repairing emotional and psychological damage, coping with suffering, despair and trauma, facilitating personal growth and transformation and emphasising connection and relations. (Koc. 2024; Hefti, 2011; Psaila, 2012; Vieten et al., 2023). However, while both disciplines may share the goal of alleviating suffering, their ethical underpinnings diverge significantly.

From a psychoanalytic perspective, Lacan's ethical position deviates considerably from concepts aligned with any spiritual orientation. According to Lacan, ethics, from the standpoint of analysis, is measured through faithfulness to the unconscious structure of desire as opposed to any spiritual sense of morality or ethical convention. He states, "It is not a question of knowing whether what one does is good, but of whether one's act is in accord with desire″ (Lacan, 1992, p. 314). He argues that any therapeutic tendencies to moralise suffering or guide spiritually serve to obstruct a client's confrontation with the Real, a category of the psyche in Lacanian psychoanalysis (Hendrix, 2019). In contrast, the existential theology of Kierkegaard, which underpins much of Christian spirituality, posits that suffering is spiritual as opposed to purely libidinal or psychological. According to Kierkegaard, the ethical resolution of suffering places faith right in the midst of ethical life and requires surrendering to faith and accepting a higher power. He posits that suffering occurs when we are out of tune with ourselves and with

our higher power and defines suffering or despair as "the misrelation in a relation that relates itself to itself and in relating itself to itself relates itself to another″ (Kierkegaard, 1849. p. 10).

This raises clinical and ethical questions about how psychotherapists can navigate spirituality in practice. (Ano & Vasconcelles, 2004). Notwithstanding the advances to advocate for integration, others, such as Epstein, caution against integration, citing potential conflicts and asserting that spirituality, with its roots in faith and subjective experience, does not align with the empirical foundations of psychotherapy. Where faith is intrinsic to spirituality, evidence is intrinsic to psychotherapy; the potential exists for ethical complications in clinical practice due to this dichotomy. Despite compelling evidence supporting the integration of spirituality into psychotherapy, ongoing debates surrounding ethical considerations suggest that further exploration is needed. (Vieten et al., 2016; Kurtz, 1999; Vieten et al., 2023).

The question of integration is one of foundational ethics: Can the methodological integrity of psychotherapy be maintained if spirituality is incorporated into the field, and conversely, is there a betrayal of spiritual, ethical responsibility in the avoidance of spiritual integration? As outlined through a brief examination of the positions of Lacan and Kierkegaard, spirituality and psychotherapy fundamentally differ in their ethical responses to suffering. These differences do not negate the possibility of integration but highlight the need for greater clarity on ethical considerations in future research. In addition to these ethical variations, the cultural, societal, and historical influences that have informed the understanding and practice of spirituality across different contexts must be examined in consideration of the integration of spirituality into psychotherapy.

1.4. Spiritual Inheritance: History, Culture & Society

Spirituality in America and Ireland has developed along distinct paths, shaped by unique historical, cultural, and societal influences. Examining these factors is essential to understanding how the potential integration of psychotherapy and spirituality may differ between the two countries and how the applicability of existing research and proposals may vary. The focus on American spirituality is of particular relevance; much of the existing literature, empirical research and guidance on the integration of spirituality into psychotherapy originates in the United States. America has been at the forefront of proposing and developing training models and competency frameworks on the back of empirical research in this area. In exploring and understanding the contexts in which these proposals have emerged, we can better assess their applicability and relevance within the Irish context. This section explores some of the key historical, societal and cultural factors that have influenced American and Irish spirituality.

The origins and foundations of religion and spirituality in the United States are traced to groups of Calvinist reformers; Protestants and Presbyterians from England and Scotland. They emigrated to America to establish a society grounded in their theology and associated ideals and morals. Their puritanical outlook incorporated a literal interpretation of the Bible and emphasised concepts of moral discipline. (Fuller, 2006, Noll, 2022). While the First Amendment of the country's constitution later enshrined principles of religious freedom, establishing religious liberty and diversity of spiritual expression, the nation's spiritual roots were established by these Calvinist settlers. Over time, immigration and shifting cultural dynamics transformed the religious landscape into a more pluralistic one. According to Albanese (2013, p.xv), "to be plural means to be more than one, to be many. To be a pluralistic land means to be one country made up of many peoples and many faiths". She proposed that the ongoing experience of immigration in America diversified this landscape even further,

resulting in an eclectic spiritual environment. She further posited that pluralism was an active and evolving dynamic that shaped religious and spiritual discourse and practice in America. (Albanese, 2013).

Roof (1999) suggests that modern spirituality in America has been impacted by globalisation and the changing dynamics of immigration, by the counterculture movement of the 1960s, the decline of older religious hegemonies and "an evolving psychological culture" (1999, p. 294) that has created a nation of "spiritual seekers" (1999, p.300) and fostered a landscape in which individuals actively aim to construct their own spiritual identities. Moreover, according to Roof, a "reflexive spirituality" (1999, p.12) where spiritual beliefs are remodelled and reconstructed in response to personal experiences as well as cultural and societal shifts has inserted itself into the American spiritual landscape. This reflexivity points to an evolving spirituality that is fluid and responsive. (Roof, 1999, p.294-300)

In contrast, Ireland's early pre-Christian spirituality was rooted in Celtic pagan traditions that emphasised nature, druidic rituals, shamanic beliefs, polytheism, oral traditions and the otherworld (Ward, 2019). This indigenous spirituality underwent a profound transformation with the advent of Christianity, particularly Catholicism, which gradually became the dominant religious force in Ireland. Unlike America, where pluralism shaped religious expression, Ireland's spirituality was mostly homogenised under the Catholic Church. This fostered a strong, symbiotic connection between religion and national identity, compounded by Irish opposition to British Protestant rule, and reinforced a communal rather than individualistic spiritual identity. Scandals in the once-dominant Catholic church and a decline in religious authority, urbanisation, economic development and immigration have led to a rapid secularisation in recent years. A shift from institutionalised religion to personal forms of spirituality includes a contemporary revival in pre-Christian Celtic spiritual traditions and a reclamation of indigenous practices. This reflects a rejection of institutional religious structures

and an attempt to rediscover alternative spirituality rooted in Ireland's pre-colonial past. (Hornsby-Smith, 2003; Inglis, 2007; Ganiel, 2016; Flanagan & O'Sullivan, 2016).

While both countries have experienced moves toward more individualised spirituality, the expressions of these spiritualities differ as a result of the differing historical and cultural contexts. Any meaningful considerations on integrating spirituality into psychotherapy must consider the evolution of spirituality in both societies to ensure that historical sensitivity and cultural awareness are incorporated into any proposals. (Hefti, 2011, Abrams, 2023). Therefore, the intersection of psychotherapy and spirituality must remain adaptable, and the unique spiritual narratives that shape individual and collective identities in both contexts must be recognised.

This chapter has explored the conceptual foundations to frame the relationship between spirituality and psychotherapy. It has outlined definitions, philosophical roots, intersections and divergences, and cultural and historical perspectives. This conceptual examination serves as the basis or foundation for this study's central aim: to explore the integration of spirituality into psychotherapy with a focus on Irish contexts. Identifying similarities, differences and complexities in these conceptual foundations across the two landscapes is essential to this study's objective of evaluating whether frameworks and competencies developed on the back of American research can be meaningfully applied in the Irish context.

Chapter 2: What Lies between Ethics and Experience - Challenges in Clinical Integration

2.1. Boundaries and Beliefs: Navigating Ethical Tensions

The previous chapter outlined spirituality and psychotherapy's overlapping roles and features, highlighting their shared concern for personal well-being and growth. However, despite these common goals, their underlying principles, and ethical frameworks differ significantly. These differences are shaped by historical and philosophical contexts, which, in turn, inform the ethical considerations required for integrating spirituality into psychotherapy. This section critically examines these distinctions and their implications for clinical practice.

Psychotherapy has historically prioritised empirical evidence, professional accountability, and ethical standards. As a scientific discipline grounded in psychological theories, it is regulated by professional guidelines that ensure client safety and therapeutic efficacy. Standards and ethical guidelines from the American Psychological Association (APA, 2017), The British Association of Counselling and Psychotherapy (BACP, 2018), the Irish Association for Counselling and Psychotherapy (IACP, 2018) and the Irish Association of Humanistic and Integrative Psychotherapy (IAHIP, 2018) all emphasise client autonomy, freedom, respect and confidentiality, and adherence to the ethical principles of beneficence and non-maleficence. These principles align with utilitarian ethics (Mills, 1863/2009) and the humanistic values of congruence, empathy, and unconditional positive regard (Rogers, 1957).

In contrast, spirituality, often intertwined with religious traditions, is guided by faith-based ethics, moral philosophy, and subjective personal experience. Spiritual ethics have historically been shaped by moral duty, communal well-being, the greater good, and transcendence, drawing from philosophical traditions such as virtue ethics (Aristotle, 1999) and deontological ethics (Kant, 1785), with a focus on moral goodness, the cultivation of

virtues, and divine will. (McIntyre, 2007). Where psychotherapy ethics prioritise client autonomy, empirical validation, and individual well-being, spiritual ethics often emphasise moral duty, transcendence, and virtue as part of a broader moral order. However, an ethical dilemma arises in spiritual ethics, notably with the Christian principle of "love thy neighbour as thyself", which was addressed by Lacan, who posited that "The Christian injunction to love thy neighbor as thyself is, in fact, a deeply problematic one, because it assumes a perfect love of self, which is, for most people, impossible to achieve. The relationship to the Other cannot simply mirror the one to the self" (Lacan, 1992, p. 72). A distorted or harmful concept of extending love to others is likely in the absence of an ability to love oneself. According to Kierkegaard, there are fundamental differences between ethical life and spiritual life, and spiritual life requires a "teleological suspension of the ethical" and a subjective leap of faith that seeks transformation and transcendence (Kierkegaard, 1845/1988, p. 106), whereas psychotherapy is answerable to defined external standards with empirical measurement.

While spirituality can be a valuable resource for mental well-being, according to Pargament (1999), ethical challenges arise concerning professional boundaries and client autonomy. He states that it is incumbent upon psychotherapists to distinguish between personal beliefs and professional practice and standards to ensure that any treatment or intervention complies with and remains rooted in verifiable therapeutic methodologies. Available research highlights the need for ethical safeguards in any integration of spirituality and psychotherapy, including informed consent and professional boundaries (APA, 2017; BACP, 2018), to ensure that spiritual integration enriches rather than conflicts with psychotherapy practice. However, ethical dilemmas can persist even when safeguards are put in place and navigating these dilemmas requires spiritual competence as well as ethical guidelines.

Indeed, Richards and Bergin (2005, p. 102) propose that the development of competencies for spiritually integrated psychotherapy requires "the ability to navigate ethical

conflicts arising from diverse spiritual perspectives". Therapists are required to uphold professional standards and respect clients' spiritual identities and freedoms to navigate the ethical distinctions between the disciplines. Informed consent, competency development, and compliance with established ethical guidelines can help address ethical challenges and ensure that any integrations uphold the ethical integrity of both disciplines. Notwithstanding these elements, legal requirements such as mandatory reporting and the role of therapists as mandated persons must be considered. These factors have the potential to create ethical tensions between psychotherapy and spirituality. This emphasises the obligations that psychotherapists are compelled by but that do not typically exist in spiritual contexts, which are organised by different principles. These ethical considerations can provide safeguards and shape clinical responsibilities, but they must also respond to the wishes and autonomy of clients, and limitations of therapist training. In exploring client desires and therapist challenges, the following section shifts focus from professional frameworks to client and therapist perspectives.

2.2. Spiritual Desires: What Clients Want

In a 1985 study, one of the earliest on the topic of client preferences concerning the integration of spirituality into psychotherapy, Quackenbos et al. (as cited in Harris et al., 2016, p.261) found that 81% of those surveyed confirmed that spiritual values were important to them and that they should be adequately addressed and confronted in the therapeutic process. A further study by Lindgren and Coursey (1995) found that 67% of clients wanted more opportunities to address spiritual issues during treatment, and Rose et al. (2001) found that most survey respondents indicated that psychotherapy was an appropriate place to discuss spiritual issues. Indeed, much of the research has noted that clients believe that addressing the spiritual dimension is necessary for therapy to be effective and for a meaningful therapeutic

alliance that can affect change. (Rose et al., 2001; Gockel, 2011; Harris et al.,2016; Oxhandler & Pargament, 2018; Vieten et al.,2023)

Although research highlights clients' desire to address spirituality in therapy, their preferences are often neglected. Harris et al., (2016) and Vieten et al., (2016) attribute this neglect to spirituality's non-scientific status and its historical bias in the field of psychotherapy. Frederick (2014) contends that understanding the client's preferences regarding incorporating spirituality is a core aspect of psychotherapy that allows the therapist to ascertain additional details about the client's worldview. Therapists should, therefore, be encouraged to take a client-centred perspective by incorporating the explicit wishes of the client regarding the use of spirituality in treatment. In assessing the neglect of spirituality and clients' wishes in treatment, the research points overwhelmingly to a lack of exposure and training that impacts therapists' sense of competence. According to Saunders et al (2010, p. 355-359), research strongly indicates that client-therapist rapport can be significantly enhanced, and the treatment's effectiveness is greatly improved if the therapist respectfully evaluates spiritual issues. They use the term "spiritually conscious care" (Saunders et al., 2010, p.355) to detail their proposed model of care. While clients express a clear and consistent interest in addressing spirituality concerns in therapy, these expectations frequently clash with therapists' limitations in training, confidence, or personal beliefs. The next section explores how these limitations contribute to therapeutic vulnerability, bias, and avoidance, highlighting the need for deeper insight into the therapist's experience.

2.3. Therapist Vulnerability and Challenges

In their 2016 and 2023 research, Vieten et al., proposed that the lack of training in the area of spirituality has significant consequences for therapeutic practice and cite the potential

issue of therapists' explicit and implicit negative biases toward clients' spirituality as a major concern. Indeed, at a much earlier time, Rogers had stated that therapists would only be able to honour a client's spirituality after first unearthing a personal understanding of spirituality. Recent research has determined that more therapists are secular and without affiliations to spiritual traditions compared to the general population. (Shafranske & Gorsuch, 1984; McMinn et al., 2014; Oxhandler & Pargament 2018; Vieten et al., 2023). Therapists are, therefore, particularly susceptible to discrimination and negative biases regarding spirituality, which are likely to be compounded in the absence of appropriate training. Saunders et al. (2010) reported that issues related to spirituality and the therapist's competence were a source of worry for many psychotherapists, which can result in what they termed "spiritually avoidant care" (Saunders et al., 2010, p.355), an attempt, either implicit or explicit, to avoid all discussions about spirituality as part of therapeutic care. While Delaney et al. found that therapists' biases or lack of training can negatively impact therapy outcomes, McMinn et al. found that two-thirds of psychotherapists surveyed agreed that training on spiritual issues should form part of therapists' graduate training. (Rogers, 1993; Saunders et al., 2010; Delaney et al., 2013; McMinn, 2014; Vieten et al., 2016; Rosmarin et al, 2021; Salcone & Rosmarin, 2023; Plante, 2024).

According to Gonsiorek et al. (2009, p.3-6), the range of therapist biases toward spirituality is extensive, and they posit that psychotherapists' views of spirituality serve as a basis for "negative evaluation" of clients' spirituality and worldview. These evaluations can include perceptions of poor or ineffective coping mechanisms, low intelligence, and rigidity. Indeed, they cite problems with both negative and positive biases, both of which they claim treat the client as second class, where in one, clients are faced with "a manifest process of disparagement" and in the other, clients experience a more latent process of "not being seen as they actually are" (Gonsiorek, 2009, p.4). Pargament (2007) expands on the problems presented

by therapists' biases and stereotypes. They state that other problems are often manifested by therapists in the absence of training on spiritually integrated psychotherapy, among them spiritual timidity, a fear on the part of the therapist in addressing spirituality in therapy; spiritual myopia, difficulty or inability to see the spiritual dimension in therapy; spiritual overenthusiasm, in which spirituality is considered the root and source of all problems and solutions respectively, and; spiritual intolerance or ambiguity, the wish for simple answers to complex issues. Pargament states that the need for training is clear if we are to expect the spiritual dimension to be accessed and treated with more "wisdom, skill, and sensitivity". (Pargament, 2007, p. 334).

Notwithstanding the evidence promoting the benefits of incorporating spirituality into psychotherapy, the research uncovered perceived risks or dangers of incorporating a spiritual dimension into psychotherapeutic practice. Pargament et al. (2005) noted that while spirituality can be a solution to psychological problems, it can also be a "source of problems in and of itself", and according to Barnett & Johnson (2011), the inclusion of spirituality into psychotherapy can present ethical challenges and risks that can hamper effective treatment. Potential risks highlighted in the research include the use of spirituality as a means to avoid facing or dealing with problems, reducing spirituality to a mental health tool, overstating the prominence of spirituality, therapists' imposition of spiritual values onto clients, conflicting beliefs between client and therapist, lack of therapist competence not least in recognising healthy and unhealthy spirituality, and the potential for therapists to mismanage countertransference reactions. The ability to maximise the perceived benefits while managing the perceived risks of a spiritually integrative approach lies in the strength of the therapist's competence and training, the therapeutic relationship and acknowledgement of the client's wishes or expectations. (Vaughan et al., 1991; Pargament et al., 2005; Wiggins, 2009; Brown et al., 2012; Vieten et al., 2016; Vieten & Lukoff, 2022; Vieten et al., 2023). Research is crucial

in understanding how these risks can be managed and mitigated through developing competencies and training to ensure effective care. The challenges that have been outlined in this chapter, ranging from therapist bias to ethical missteps, point to a critical gap in professional preparedness: the absence of robust, culturally relevant training in spiritually integrative care. The next chapter investigates this gap in the Irish context, exploring how competence can be meaningfully reframed to better serve client needs in Irish clinical practice.

Chapter 3: Matters of Context – Reframing Competence for Practice in Ireland

3.1 Missing Pieces: Training Frameworks and Gaps

The research indicates that spirituality is an important element of clients' lives, but it also indicates that most psychotherapists lack the training required to address spirituality effectively. This lack of training impacts therapist capability to navigate ethical considerations and meet their client's needs. This is despite spirituality often being relevant to the client's presenting issues and serves to exacerbate the "ambiguous connection between psychotherapy and spirituality" (Shafranske & Mahoney, 1990, p, 147). Indeed, research also finds that tools to measure therapist's competence in addressing spirituality have yet to be appropriately developed or implemented, making the realm a grey area, resulting in a lack of therapist confidence and competence, which, according to Pearce et al., (2019, p. 75) "jeopardises the effectiveness of care" that therapists can deliver. Their research found that spirituality has yet to be comprehensively addressed in most training programmes, making it an overlooked feature of most training and diversity goals. (Shafranske & Mahoney, 1990; Wiggins, 2009; Vieten et al., 2016; Oxhandler & Pargament, 2018; Pearce et al., 2019; Vieten et al., 2023; Salcone & Rosmarin, 2023).

According to Helnimiak (2011, p.164), therapists with appropriate training will be equipped to focus on the "psychotherapeutically relevant and spiritual issues" in their client presentations. While identifying a scarcity of training in what is deemed an essential element of clients' worldview and outlook, many of those who have conducted research have put forward proposals to address the gaps that have been found. Expanding knowledge and competence through educational training in conjunction with supervised clinical experience has been proposed by Barnett & Johnson (2011), while Brown et al., (2012) suggest that a biopsychosocial-spiritual model would provide the optimum framework for incorporating

spirituality into psychotherapy, resulting in an inclusive model of care. Sulmasy states that a biopsychosocial-spiritual model provides holistic care by addressing "the totality of the patient's relational existence—physical, psychological, social, and spiritual". (2002, p.27). The existing research suggests that the question of how therapists may address spirituality is finding its place alongside other aspects of clients' life worlds, such as gender, ethnicity, culture and sexuality but that training must be extended to therapists and supervisors if there is to be comfort and confidence for therapists in their exploration of spiritual issues with clients (Aten & Hernandez, 2004; Coyle & Lochner, 2011).

Vieten et al., (2016) have developed a training programme in which they have identified sixteen essential competencies and followed up with focus groups and surveys that found that between 73% and 94% of respondents believed that therapists should demonstrate competency in each of the sixteen areas. The areas of focus for their research that informed the sixteen competencies involved assessing therapist attitudes and beliefs including perspectives and biases, knowledge of spirituality, and skills. Skills are interpreted as the application of spiritual knowledge in clinical work. Pearce et al. (2019) developed a spiritual competency training in mental health training programme (SCT-MH) on the back of a U.S. national multi-disciplinary research study and found that students who engaged with the multimedia curriculum demonstrated greater attitudes, knowledge, and skills for responding optimally to spiritual aspects of clients' lives. (Pearce et al,. 2019, Salcone et al., 2023). On the back of a 2009 paper with Gonsiorek et al., Richards proposed four minimal competency questions that should be put to all psychotherapists and posited that the ideal response would be affirmative replies to all four:

1. Do I have the ability to create a spiritually safe and affirming therapeutic environment for my clients?

2. Do I have the ability to conduct an effective religious or spiritual assessment of my client?

3. Do I have the ability to use or encourage religious or spiritual interventions in order to help clients access the resources of their faith and spirituality during treatment and recovery?

4. Do I have the ability to effectively consult and collaborate with and, when needed, refer to clergy and other pastoral professionals?

In their seminal 2007 work, Spiritually Integrated Therapy: Understanding and Assessing the Sacred, Pargament (2007, p. 321-333) outlines a range of "manualized spiritually integrated treatments" (p. 322) developed on the back of research by numerous researchers. Pargament outlined the researchers, the programme and the spiritual resources utilised. The Association for Spiritual, Ethical, and Religious Values in Counselling (ASERVIC), which is affiliated with the American Psychological Association (APA), believe that "spiritual, ethical, and religious values are essential to the overall development of the person and are committed to integrating these values into the counselling process" (ASERVIC, 2025). They have developed five guideline competencies, two of which focus on culture and worldview and three of which focus on counsellor self-awareness. In 2014, the American Counselling Association (ACA) complemented the ASERVIC competencies by incorporating spirituality into its Code of Ethics guidelines. The Counselling and Related Education Programmes Accreditation Council (CACREP) incorporated spiritual competence in it is 2009 and 2016 accreditation standards for counsellors. (Koc, 2024).

While the research indicates that extensive strides have been made to propose competencies and training programmes in America based on research conducted in an American context, current research also finds that only 18% of American counselling and

psychotherapy training programmes have offered a course that focuses on spirituality (Schulte et al., 2002). According to Pargament (2007), therapists' spiritual competence should resemble competence in other areas. This can be achieved through a broad and thorough combination of "course work, supervised experience, continuing education, professional reading and consultation" (2007, p.334) and other trainings agreeable to educators, policy-makers and ethics committees.

While Pargament's (2007) call for spiritual competence to mirror other areas of professional competence makes a compelling argument, and research indicates a broad consensus about the importance of integrating spirituality into psychotherapy, it has not been broadly adopted in reality. Almost two decades and multiple research studies later, a very limited number of programmes or curricula offer specialised training on spirituality. The low rates of integration of competencies into therapist training indicate that many therapists are likely not equipped to handle spiritual issues in practice. Existing research, including works by Helnimiak (2011), Barnett & Johnson (2011), and Sulmasy (2002), have proposed valuable training frameworks, but implementation of these proposals remains inconsistent. Furthermore, research by Vieten et al., (2016, 2023), Pearce et al., (2019), and Richards (2009) show that competency-based training can yield positive and encouraging results. However, despite these findings, there has been minimal incorporation of these trainings in mainstream therapy education. Koc (2024, p. 308) stresses that the existing research findings emphasise the gap between the "recognised importance of spiritual competencies and the current state of training received" by psychotherapists, which underscores the ongoing challenge of integrating spirituality into psychotherapy. Additionally, while the findings reflect the growing momentum for spiritually integrated psychotherapy training in the United States, the extent to which these developments have influenced practice elsewhere remains unclear. This raises the important

question of how American-derived models and competencies can transfer to other cultural and professional landscapes, such as Ireland.

3.2. Lost in Translation: Spiritual Competence in Contemporary Ireland

Building on the extensive research conducted in American contexts, there is a growing recognition of the importance of integrating spirituality into psychotherapy and has led to the development of proposed competencies and frameworks that are designed to aid therapists in navigating spirituality with their clients. (Pearce et al., 2019; Rosmarin et al., 2021; Oxhandler et al., 2021; Salcone & Rosmarin, 2023; Vieten et al., 2023). However, empirical research in Ireland, is still immature; this is compounded by the diversity of spiritual beliefs, how spirituality can be interpreted at an individual level and through the conflation of spirituality and religion; these pose challenges to conducting empirical studies. As a result, it is unclear if frameworks and competencies derived from American-based research are applicable or adaptable in an Irish context.

The American Psychological Association (APA) introduced the "Society for the Psychology of Religion and Spirituality" in 2008 and launched a peer-reviewed journal to focus on spiritual issues. The British Association of Counselling and Psychotherapy (BACP) also has its peer-reviewed journal, "Thresholds", under its BACP Spirituality division, previously known as the Association for Pastoral and Spiritual Care, founded in the 1970s. According to Ward (2019, p.15), the name change "reflects the shift in emphasis from formal religion to spirituality within the profession and their clientele." Unlike these professional associations, the Irish Association of Counselling and Psychotherapy (IACP) does not have specific spirituality-related divisions or categories or any spiritually focused peer-reviewed journals.

However, many articles on spirituality have been published in their quarterly magazine. (Ward, 2019).

A 2010 Scoping Study by the Irish Mental Health Commission sought to investigate "Current education/training available for professionals working in mental health in the Republic of Ireland" (2010, p.1). This multi-disciplinary study incorporated Psychotherapy and Counselling and sought questionnaire responses from educational institutions (MHC, 2010). In assessing the emphasis placed on theoretical and clinical issues associated with spirituality, the study found that 4% of respondents indicated a very strong emphasis, 32% indicated some emphasis, and 45% indicated little or no emphasis. Under the discipline of Psychology, of which counselling and psychotherapy were part, 0% of educational courses strongly emphasised spiritual issues. (MHC, 2010). These findings highlight a notable omission in Irish professional training priorities, particularly when contrasted with the more structured efforts seen in the United States. As such, it is useful to assess how existing American models might serve as a foundation for the Irish context. It can be inferred that the exploration of the integration of spirituality into psychotherapy in an Irish context is still in it is infancy; however, leveraging from the wealth of research conducted in an American context, the following assessment examines a number of the models or competencies proposed on the back of American research. It explores their applicability and limitations in an Irish context.

One such model that offers promise across cultural contexts is the Bio-psychosocial-spiritual (BPSS) framework proposed by Browne et al., (2012) and Sulmasy (2002, and which seeks to expands the traditional approach to care by recognising spirituality as a core component of wellbeing. By expanding on the traditional biopsychosocial model that posits that biological, psychological and social factors influence an individual's well-being, they propose acknowledgement that spiritual beliefs and practice hold a rightful place within this model. The comprehensive framework offered by BPSS aligns well with the principles of

holistic care. Research indicates that Irish spirituality is connected to cultural identity and is experiencing a move back to alternative spirituality rooted in Ireland's pre-Christian past. This BPSS model, which offers a broad framework to understand a client's experience, may be very applicable in an Irish context. However, given Ireland's complex history with institutionalised religion, a cautious application of the BPSS model is necessary, with an awareness of the potential for past religious trauma, associations of spirituality with religion, and acknowledgement of the spiritual evolution from communal to a more individualised form of spirituality in Ireland. (Inglis, 2007; Ganiel, 2016).

Vieten et al., (2016, 2023) proposed a set of competencies focusing on therapists' attitudes, beliefs and biases as they relate to spirituality; the competencies aim to guide psychotherapists and psychologists in how to address spiritual issues in therapy. The competencies emphasise a therapist's knowledge of spiritual diversity, respect for clients' beliefs, empathy, and readiness to integrate spiritual elements into psychotherapy. Adopting these competencies in an Irish context would be greatly beneficial and would align well with Ireland's evolving multicultural and spiritual landscape, particularly the competency that focuses on respecting diverse spiritual backgrounds. The competencies, however, have been developed in a spiritually pluralistic American society and may present limitations in addressing the nuances and significant societal shifts that have taken place in Ireland in recent decades, not least the move away from religious authority. (Ward, 2019). As such, applying these competencies may require adaptions to meet the nuances presented by spirituality in Ireland effectively.

Pearce et al's Spiritual Competency Training in Mental Health (SCT-MH), a multimedia training programme, was developed in 2019 on the back of an extensive U.S. research programme and aims to equip therapists with the skills necessary to address clients' spiritual issues competently. Indeed, in the development of their competencies, Pearce et al. cite and

develop upon the 16 competencies proposed by Vieten et al in 2016 and suggest that spiritual competence could be defined as a form of cultural competence that deals with spirituality and religion, specifically clients' individually constructed spiritual worldviews (Pearce et al., 2019; Hodge, 2019, p.2) and suggest that competency is made up of three components; attitude, knowledge and skills. The structured approach to this training, the accessibility of the multimedia offering, and the focus on spirituality as constructed by the individual make this competency training applicable in an Irish context and has the potential to enhance therapist competence for spiritually integrated psychotherapy greatly. However, while the general principles covered in the training are not region-specific, the materials and case studies used are reflective of American societal contexts and would require adaptations to apply in an Irish cultural context.

The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), affiliated with APA, have developed five guideline competencies focusing on guiding and assisting counsellors and therapists to integrate spirituality into psychotherapy. The guidelines emphasise the development of cultural sensitivity, ethical considerations and acceptance of clients' beliefs. These guidelines provide a very useful framework for therapists. From an Irish context, the ethical focus aligns very well with the ethical standards upheld by the Irish counselling and Psychotherapy bodies. Nevertheless, acknowledging that specific ethical dilemmas may arise in an Irish context, not least from Ireland's history with an authoritative institutional religion and the influence that has had on an individual's spiritual experience, may necessitate modifications in experience.

The competencies, frameworks and training models that have been proposed on the back of American research offer valuable tools and insights to equip psychotherapists to address spiritual needs in psychotherapy. Many may be applicable in an Irish context. However,

modifications and tailoring are needed, in consultation with professional bodies and educational institutions, to reflect Ireland's unique cultural, historical and spiritual contexts.

Chapter 4: Discussion - Rethinking Spirituality in Practice

This study aimed to explore the integration of spirituality into psychotherapy, with a specific emphasis on Irish contexts. The study was underpinned by three key objectives: (1) to explore the conceptual foundations of spirituality in psychotherapy with a focus on definitions and historical perspectives that underpin contemporary practice; (2) to assess client preferences and therapist biases; and (3) to reflect on the proposed competencies and training needed for spiritually integrative clinical practice, and investigate region-specific perspectives to determine if existing findings from predominantly American research are applicable in an Irish context. This research was conducted through critical engagement with existing literature and research materials. This discussion chapter synthesises the insights of the preceding chapters to address and evaluate the research aim and objectives. It considers the underlying assumptions, identifies gaps, and outlines the clinical, cultural, and ethical implications of integrating spirituality into psychotherapy in Ireland.

A central argument advanced in this research thesis is that spirituality represents a clinically relevant and ethically meaningful aspect of psychotherapeutic practice that warrants inclusion in therapist training curricula. This position is supported by a growing body of literature and research that frames spirituality as an essential component of holistic care that can be provided through psychotherapy. (Pargament, 2007; Vieten et al,.2016; Pearce et al,.2019). As stated by Vieten et al., "The spiritual domain…… must be considered in clinical contexts when relevant to the client" (2016, p. 93). Despite this growing theoretical endorsement, efforts to integrate spirituality into psychotherapy remain fraught with conceptual and definitional ambiguity, ethical concerns, and institutional and educational inaction (Shafranske & Maloney, 1990; Pargament, 2007; Koenig, 2009; Harris et al., 2016; Vieten et al,. 2016; Oxhandler et al., 2021; Vieten et al., 2023; Salcone & Rosmarin, 2023); this is

particularly relevant in an Irish context, where research and engagement with the topic remain limited. (Inglis, 2007; Ward, 2019)

The conceptual foundations, historical backdrop and past marginalisation of spirituality in psychotherapy as outlined in Chapter One highlight perceived incompatibility with scientific and empirical models of care. (Helnimiak, 2011). However, according to Sulmasy, avoiding or omitting spiritual concerns in psychotherapy training frameworks denotes "a failure to treat the person as a whole" (2002, p.24). Both Sulmasy and Brown et al., (2012) advocate adopting a bio-psycho-social-spiritual model to provide holistic care, of which spirituality is part, not an adjunct to psychotherapeutic treatment. These proposals challenge the historical exclusion and position spirituality as an equivalent to biological, psychological, and social dimensions of health, and the reframing represents a theoretical shift; spirituality is not viewed as antithetical to clinical care but as necessary for integrated models of practice. However, as with other proposed frameworks and models detailed in this research thesis, the model remains under-researched; this raises pressing questions about how spirituality can be integrated while ensuring that clients' spiritual needs are respected. In his proposed minimum competency framework, Richards (2009) posed the following critical question to psychotherapists: "Do I have the ability to create a spiritually safe and affirming therapeutic environment for my clients?". The findings from this study suggest that, from an Irish perspective, where no formal training programmes within standard training curricula encompass spirituality, most practising and training psychotherapists may struggle to answer this question affirmatively.

The definitional ambiguity of spirituality, highlighted consistently throughout the study, continues to hamper the development of a clear clinical and ethical position within the field. According to Koenig (2009), this uncertainty will continue to affect future research and proposed training competencies and frameworks. The working definition of spirituality applied in this study has been adapted from a reading of Kierkegaard and focuses on authenticity,

suffering and faith. This provides a definition with a philosophical slant that may resonate in an Irish context, given the continuing influence of Christian and Catholic existential themes in the Irish cultural consciousness. (Flanagan & O'Sullivan, 2016). However, the culturally relevant definition adopted for this research thesis underscores the subjectivity and fluidity of spiritual experience and the demand for therapist reflexivity in clinical engagement.

The ethical distinctions between spirituality and psychotherapy, analysed in Chapter Two, further complicate efforts to integrate the two. Where the chapter highlighted some shared goals of spirituality and psychotherapy, it also underscored divergence in their foundational ethics. Psychotherapy ethics, emphasising client autonomy, empirical grounding and validation, the principles of beneficence and non-maleficence, and legal and state accountability (IACP, 2018), contrasts with spiritual ethics, which emphasises moral duty, divine will, existential meaning and transcendence. These paradigms can appear incompatible and oppositional, as illustrated through Kierkegaard's (1845/1988, p. 106) "teleological suspension of the ethical" and Lacan's critique of “love thy neighbour" (Lacan, 1992, p. 72). However, the highlighted contradictory views of Kierkegaard and Lacan, one rooted in transcendence and the other in desire, underscore the rich potential for theoretical exploration and expansion that can position spirituality in dialogue with, rather than in opposition to, existing psychotherapeutic paradigms.

According to Pargament (1999) and Richards & Bergin (2005), integration is possible if it is navigated with informed consent, cultural humility and the development of appropriate training and ethical guidance in consultation with educational and governing bodies to promote adaptive competence and a responsive therapeutic model. The highlighted adaptiveness is particularly relevant in an Irish context where the impacts of Catholicism and colonialism continue to shape and influence the dynamics of an evolving spirituality. The Irish context introduces additional complications. According to Inglis (2007), Ganiel (2016) and Ward

(2019), clients in post-Catholic Ireland may carry ambivalence, as well as religious-linked trauma that has not been separated from concepts of spirituality. Therefore, psychotherapy must be able to welcome spirituality while also holding client resistance or ambivalence to it. The therapist's spiritual position is another underexplored element of this challenge.

As evidenced in this study, the literature highlights that a therapist's approach to engaging with spirituality is informed by their biases, blind spots, and beliefs (Oxhandler & Pargament, 2018). In post-Catholic Ireland, ambivalence or religious-based trauma may be experienced by therapists as well as clients, which can impact their ability to hold spiritual exploration with their clients. Richards & Bergin (2005, p.21) assert that "the therapist's own spirituality cannot be separated from the therapeutic process". Competence and adaptiveness on the therapist's part are central to this navigation. Pargament (2007) stated that challenges such as a therapist's spiritual timidity, overenthusiasm or myopia may be an indication of unexamined or even unknown biases. Professional self-awareness, supervision and experiential and attuned training and education are crucial if the ethical and relational gap between client expectations and therapists' competence is to be bridged.

Client preferences, explored in Chapter Two, overwhelmingly favour the integration of spirituality into psychotherapy (Quackenbos et al., 1985; Lindgren & Coursey, 1995; Gockel, 2011). However, the findings also indicate that as a result of therapist discomfort or a perceived lack of competence, this desire or expectation is often unmet, resulting in what Vieten et al., (2016) referred to as spiritually-avoidant care – a disconnect between client needs or wants, and clinical therapeutic practice (Harris et al., 2016; Vieten et al., 2016). Saunders et al (2010) state that spiritually avoidant care results from systemic shortcomings in training and support. This gap poses theoretical consequences but also has the potential to significantly undermine therapeutic outcomes, particularly where client spiritual issues are concerned, and potentially neglected or pathologised.

Chapter three examined existing training frameworks and competencies for spiritually integrated psychotherapy, providing a comprehensive view of existing training frameworks, models, and competencies developed to guide integration, and it evaluated their applicability in an Irish context. Many of the competencies developed, such as Pearce et al (2019) Spiritual Competency Training in Mental Health (SCT-MH), Vieten et al. (2016) essential competencies, or The Association for Spiritual, Ethical, and Religious Values in Counselling (ASERVIC) guideline competencies, provide robust and substantive guidance and structure for integration. Nevertheless, they have all emerged from United States-based and United States-focused research and have been developed specifically from an American milieu. This study has demonstrated and evidenced how the cultural, historical and societal variations between the United States and Ireland have shaped the view and understanding of spirituality in each location. These identified variations pose a significant challenge to applying the United States-derived training and competencies in Ireland. While the United States-derived training and competencies offer a rich foundation, their cultural assumptions do not readily apply in an Irish context nor address Ireland's post-religious individualism and the re-emergence of pre-Christian spiritualities. (Inglis 2007; Ward, 2019). As Koc (2024) and Cashwell & Young (2011) argued, spiritual competence must be reflexive and contextual, not merely procedural or technical. There are considerable cultural and societal misalignment risks if American frameworks are transplanted directly into an Irish context.

The challenge is more than just cultural misalignment however, the very concept of spiritual competence itself raises important challenges. While some of the proposed frameworks (Vieten et al., 2016; Pearse et al., 2019) position spirituality as part, or a subset, of cultural competence, others, such as Aten & Leach (2009), suggest that, unlike other components of culture, spirituality involves transcendence or a confrontation with the sacred that cannot be reduced and captured as part of cultural competence and that the transcendent

nature of spirituality resists categorisation. According to Koc (2024), spiritual competence, like cultural competence, needs to be contextual and reflexive. Ganiel (2016) cites a particular need for this reflexivity in Ireland, which is experiencing the emergence of new spiritual identities. Indeed, developing spiritual competencies may be problematic in and of itself, suggesting the development of technical attributes incongruent with the required reflexivity that spiritual engagement demands. (Cashwell & Young, 2011).

These inconsistencies in the approach to developing and utilising competencies are particularly salient in an Irish context and are further complicated by the absence of dedicated structures, policies or frameworks within the main psychotherapeutic governing bodies; the IACP accreditation process makes no formal provision for spirituality, it has no spiritually focused division, and no spiritually oriented journal (Ward, 2019). This lack of support leaves therapists in Ireland to navigate spiritual issues themselves without clear boundaries, guidance or ethical direction. The lack of support implies a reluctance or unwillingness to engage with spirituality. However, it also offers the opportunity to develop frameworks explicitly designed for the Irish cultural, societal, and historical contexts. This thesis supports a nuanced approach to integrating spirituality into psychotherapy that blends structural competency with experiential learning, reflexivity, and interdisciplinary dialogue.

Despite the challenges that have been outlined, the argument for the integration of spirituality and psychotherapy remains compelling. The study suggests unequivocal support for integration (Rose et al., 2001; Pargament, 2007; Gockel, 2011; Harris et al., 2016; Pearse et al., 2019; Rosmarin et al., 2021; Vieten et al., 2023) while highlighting the ethical and clinical dilemmas. The findings suggest that the question is not if but how spirituality could be integrated and how educational and professional bodies could safeguard integration. However, this study is considerably restricted through its reliance on secondary sources in the absence of empirical engagement or data from Ireland-based practitioners or clients. There is a clear

requirement for empirical research to understand how spiritual concerns are addressed and how the concept of competence is understood, practised, or resisted in Irish clinical practice. In addition, empirical research is needed to evaluate readiness and obstacles to integration from the perspective of practitioners, clients, educators and professional bodies while informing culturally considered training proposals.

Notwithstanding these research gaps, this study and available research point to promising directions for future exploration. Future directions must include:

- Empirical research capturing the views of therapists, student therapists and clients to evaluate attitudes, experiences, biases and concerns, willingness, and perceived training needs
- The development, trial and evaluation of Irish-adapted training models and competencies, in conjunction with educators and professional bodies
- Cross-disciplinary discourse to navigate and inform a culturally grounded integrative approach to integration, considering the components that inform Irish identity. This cross-disciplinary dialogue should involve psychotherapists, theologians, cultural anthropologists and community leaders, and;
- Institutional support and the development of ethical guidelines constructed in collaboration with professional bodies and educational institutes.

Such initiatives can assess the integration of spirituality and psychotherapy in an Irish context in a clinically sound, culturally respectful and ethically grounded manner.

Conclusion: Final Reflections

This thesis has demonstrated that despite psychotherapy's age-old marginalisation of spirituality, the integration of spirituality into psychotherapy is deemed clinically and ethically significant if holistic care is to be provided to clients. According to Sulmasy, "to treat a person as a person, one must engage the spiritual, not as an addendum, but as integral to the human condition" (Sulmasy, 2002, p.27). While this thesis has evidenced that integration is broadly supported with spirituality being acknowledged as a central aspect of a client's worldview, structured engagement remains inadequate, particularly in an Irish context.

It is crucial to reemphasise the several limitations of this research thesis. The thesis is literature-based and has relied exclusively on critical engagement with existing academic work, literature, and secondary sources. No original empirical data has been gathered supporting this research, thereby limiting conclusions that can be drawn about current practice in an Irish context, as well as client or therapist lived experiences of spiritual exploration in clinical practice. In addition, while the literature examined for this research is comprehensive, it is heavily weighted to American research and the resulting models and perspectives. This thesis has shown that those perspectives may not fully capture the nuances of Irish cultural, societal and historical influences and dynamics. Future research that includes empirical methodologies, such as qualitative interviews or surveys within the Irish therapeutic community, must build on these findings and ground them in lived clinical realities.

Through critical analysis of the available literature, the study has shown that the challenge is navigating integration in culturally responsive, ethically grounded and clinically applicable ways while effectively addressing the persistent definitional, ethical, cultural and therapist competence conflicts. Resolution of these conflicts demands empirical research from an Irish context, the development of culturally adapted training frameworks, collaborative

multi-disciplinary engagement and educational and professional body support. This will allow psychotherapy in Ireland to cultivate a psychotherapeutic culture that recognises our rich spiritual history and its contemporary evolution and prepares psychotherapists and students to approach their clients' spiritual needs with integrity, depth and competence.

REFERENCES

Abrams, Z. (2023). Can religion and spirituality have a place in therapy? Experts say yes. *APA Monitor on Psychology, 54(8)* https://www.apa.org/monitor/2023/11/incorporating-religion-spirituality-therapy

Albanese. C, L. (2013). *America: Religions and Religion. (5th Ed.).* Wadsworth Cengage Learning.: USA

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. https://www.apa.org/ethics/code/ethics-code-2017.pdf

Ano, G.G & Vasconcelles, E.B. (2004). Religious coping and psychological adjustment to stress: A Meta-Analysis. *Journal of Clinical Psychology, 61(4), 461-480.* https://mhwbf.org/wp-content/uploads/2019/02/Ano-2005-Religious-coping-and-psychological-ad.pdf

Aristotle. (4th Century BCE). In Nicomachean Ethics, Ross, W.D. (1999). Batoche Books. https://historyofeconomicthought.mcmaster.ca/aristotle/Ethics.pdf

Aten, J. D., & Hernandez, B. C. (2004). Addressing religion in clinical supervision: A model. *Psychotherapy: Theory, Research, Practice, Training, 41*(2), 152–160. https://doi.org/10.1037/0033-3204.41.2.152

Aten, J. D., & Leach, M. M. (2009). A primer on spirituality and mental health. In J. D. Aten & M. M. Leach (Eds.), *Spirituality and the therapeutic process: A comprehensive resource from intake to termination* (pp. 9–24). American Psychological Association. https://doi.org/10.1037/11853-001

Barnett, J.E & Johnson, W.B. (2011). Integrating spirituality and religion into psychotherapy:

Persistent dilemmas, ethical issues and proposed decision-making process. *Ethics and Behavior.* 21(2). 147-164. Retrieved from: https://research.ebsco.com/c/ziit76/viewer/pdf/i5fryxuqsn

Bergin, A. E. (1980). Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology, 48*(1), 95–105. https://doi.org/10.1037/0022-006X.48.1.95

Bienenfeld, D & Yager, J. (2007). Issues of spirituality and religion in psychotherapy supervision. Israel Journal of Psychiatry and Related Sciences, 44(3). 178-186.

British Association for Counselling and Psychotherapy. (2018). *Ethical framework for the counselling professions*. https://www.bacp.co.uk/media/3103/bacp-ethical-framework-for-the-counselling-professions-2018.pdf

Brown, O., Elkonion, D., & Naicker, D. (2012). The use of religion and spirituality in psychotherapy: Enablers and barriers. *Journal of Religion and Health*. 52(4), 1131-1146. Retrieved from: https://research.ebsco.com/c/ziit76/viewer/pdf/3pqfqctkrf

Cashwell, C. S., & Young, J. S. (Eds.). (2011). *Integrating spirituality and religion into counseling: A guide to competent practice* (2nd ed.). American Counseling Association

Corbett, L. (2011). *The sacred cauldron*. USA: Chiron Publications.

Coyle, A., & Lochner, J. (2011). Religion, spirituality and therapeutic practice. *The Psychologist*, *24*(4), 264-266. https://openresearch.surrey.ac.uk

Delaney, H.D., Millar, W, R., & Bisono, A. M. (2013). Religiosity and spirituality among psychologists: *A survey of clinician members of the American Psychological Association. 1(8). 95-106*. Retrieved from: http://dx.doi.org/10.1037/2326.4500.1.S.95

Epstein, G. (2004). Never the twain shall meet: Spirituality or psychotherapy?. *Advances 20(3).* Retrieved from:

https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=e6a692f7ae9d8abd3a65f76f8d2aeb66ef1625e7

Flanagan, B., & O'Sullivan. M. (2016). Spirituality in contemporary Ireland: Manifesting indigeneity. *Spiritus: A Journal of Christian Spirituality*, 16(1), 1-14. https://sscs.press.jhu.edu/blog/article-spirituality-contemporary-ireland-manifesting-indigeneity-bernadette-flanagan-and

Frederick, T.V. (2014). Spiritual transformation: Honoring spiritual traditions in psychotherapy. *Spirituality in Clinical Practice*. Vol.1(2). 109-115. Retrieved from: https://doi.org/10.1037/scp0000020

Freud, S. (1927/1961. *The future of an Illusion.* NY: W.W & Norton & Co Inc.

Fuller, R.C. (2006). American psychology and the religious imagination. *Journal of the History of the Behavioral Sciences, 42(3)*. Retrieved from: https://onlinelibrary.wiley.com/doi/epdf/10.1002/jhbs.20170

Ganiel, G. (2016). Secularisation, ecumenism, and identity on the island of Ireland. https://pure.qub.ac.uk/en/publications/secularism-ecumenism-and-identity-on-the-island-of-ireland

Geller, J, D. (2006). Pity, Suffering and psychotherapy. *The American Journal of Psychotherapy. 60(2).* Retrieved from: https://psychotherapy.psychiatryonline.org/doi/10.1176/appi.psychotherapy.2006.60.2.187

Gockel, A. (2011). Client perspectives on spirituality in the therapeutic relationship. *The Humanistic Psychologist, 39*(2), 154–168. Retrieved from: https://research.ebsco.com/c/ziit76/viewer/pdf/ihkuyd33mf

Gonsiorek, J,C; Richards, P,S; Pargament, K.I; & McMinn, M,R. (2009). Ethical challenges and opportunities at the edge: Incorporating spirituality and religion into psychotherapy. *Faculty Publications – Grad School of Clinical Psychology* Paper. 158. Retrieved from: https://psycnet.apa.org/record/2009-11890-012

Harris, K,A., Randolph, B,E., & Gordon, T,D. (2016). What do clients want? Assessing spiritual needs in counselling: A literature review. *Spirituality in Clinical Practice.* Vol.3(4). 250-375. Retrieved from: https://doi.org/10.1037/scp0000108

Hefti, R. (2011). Integrating religion and spirituality into mental health care, psychiatry and psychotherapy. *Religions, 2*(4), 611–627. Retrieved from: https://www.mdpi.com/2077-1444/2/4/611

Helnimiak, D.A, (2001). Treating spiritual issues in secular psychotherapy. *Counseling and values. 45. 163-189*. Retrieved from: https://onlinelibrary.wiley.com/doi/abs/10.1002/j.2161-007X.2001.tb00196.x

Hendrix, J.S (2019). The Real and the gaze of Jacques Lacan. Retrieved from: https://docs.rwu.edu/cgi/viewcontent.cgi?article=1045&context=saahp_fp

Hodge, D. R. (2019). Spiritual assessment with refugees and other migrant populations: A necessary foundation for successful clinical practice. *Journal of Religion & Spirituality in Social Work: Social Thought*, *38*(2), 121–139. https://doi.org/10.1080/15426432.2019.1597663

Hornsby-Smith, M. P. (2003). Social and religious transformations in Ireland: A Case of secularisation? *Proceedings of the British Academy*, 19, 265-290. Retrieved From: https://www.thebritishacademy.ac.uk/documents/4014/79p265.pdf

Inglis, T. (2007). Catholic identity in contemporary Ireland: Belief and belonging to tradition. *Journal of Contemporary Religion*, 22(2), 205-220. Retrieved from: https://www.tandfonline.com/doi/abs/10.1080/13537900701331064

Irish Association for Counselling and Psychotherapy. (2018). *Code of ethics and practice for counsellors/psychotherapists*. https://iacp.ie/iacp-code-of-ethics

Irish Association of Humanistic and Integrative Psychotherapy. (2018). *Code of ethics and practice*. https://iahip.org/Code-Of-Ethics-P

Jung, C. J. (1989). *Modern man in search of soul*. NY: Vintage

Kant, I. (1785). *Groundwork for the Metaphysics of Morals*. https://cpb-us-w2.wpmucdn.com/blog.nus.edu.sg/dist/c/1868/files/2012/12/Kant-Groundwork-ng0pby.pdf

Kierkegaard, S. (1988). *Stages on Life's Way* (H.V. Hong & E.H. Hong, Trans.). Princeton University Press. (Original work published 1845)

Kierkegaard, S. (1849). *The Sickness Unto Death*. Retrieved from: https://wedgeblade.net/files/archives_assets/2845.pdf

Koc, M.S. (2024). Integrating spirituality in psychological counseling: Historical insights and contemporary applications. *Spiritual Psychology and Counseling.* 9(3), 3.01-320. https://doi.org/10.37898/spiritualpc.1402791

Koenig, H.G. (2009). Research on religion, spirituality, and mental health: A review. *The Canadian Journal of Psychiatry. 54(5).* https://journals.sagepub.com/doi/pdf/10.1177/070674370905400502

Kurtz, E. (1999). The historical context. In W. R. Miller (Ed.), *Integrating spirituality into treatment: Resources for practitioners* (pp. 19–46). American Psychological Association. https://doi.org/10.1037/10327-002

Lacan, J. (1992). *The ethics of psychoanalysis: 1959–1960* (D. Porter, Trans., J.-A. Miller, Ed.). W. W. Norton & Company.

Lindgren, K.N & Coursey, R.D. (1995). Spirituality and serious mental illness: A two-part study. *Psychosocial Rehabilitation Journal.* 18(3). p. 93. Retrieved from: https://research.ebsco.com/c/ziit76/search/details/6qhchfzuyz?limiters=FT%3AY%2CRV%3AY&q=+Spirituality+and+serious+mental+illness%3A+A+two-part+study.

McIntyre, A. (2007). *After Virtue: A Study in Moral Theory, 3rd Ed*. University of Notre Dame Press: USA

McMinn, M.R., Bufford, R.K., Vogel, M.J., Gerdin, T., Goetsch, B., Block, M.M., Mitchell, J.K., Peterson, M.A., Seegobin, W., Tayolo, C., & Wiarda, N.R. (2014). Religious and spiritual diversity training in professional psychology: A case study. *Training and education in professional psychology*. 8(1). 51-57. Retrieved from: http://dx.doi.org/10.1037/tep0000012

Mental Health Commission (2010). Current education / training available for professionals working in mental health services in the Republic of Ireland: a scoping study. *Mental Health Commission*. Retrieved from: https://www.lenus.ie/handle/10147/579888

Mills, J.S. (1863/2009). *Utilitarianism*. The Floating Press.

Noll, M. A. (2002). *A History of Christianity in the United States and Canada*. Wm. B. Eerdmans Publishing Co.

Oxhandler, H.K, & Pargament, K.I. (2018). Measuring religious and spiritual competence across helping professions: Previous efforts and future directions. *Spirituality in clinical practice*. 5(2), 120-132. Retrieved from: https://psycnet.apa.org/buy/2017-52047-001

Oxhandler, H.K; Pargament, K.I; Pearce, M.K; Vieten, C; & Moffatt, K.M. (2021). The relevance of religion and spirituality to mental health: A National survey of current clients' views. *Social Work, Vol 66(3). 254-264.* Retrieved from: https://academic.oup.com/sw/article-abstract/66/3/254/6298543

Pargament, K.I., Murray-Swank, N,A, & Tarakeshwar, N. (2005). An empirically-based rationale for a spiritually-integrated psychotherapy, *Mental Health, Religion & Culture. 8(3), 155-165.* Retrieved from: https://www.tandfonline.com/doi/abs/10.1080/13694670500138940

Pargament, K.I. (2007). *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred.* The Guildford Press.

Pargament, K. I. (1999). The psychology of religion and spirituality? Yes and no. *International Journal for the Psychology of Religion*, 9(1), 3–16. https://psycnet.apa.org/record/1999-05110-001

Pearce, M.J,. Pargament, K.I,. Oxhandler, H.K,. Vieten, C,. & Wong, S. (2019). A novel training program for mental health providers in religious and spiritual competencies. *American Psychological Association*. 2019, Vol. 6, No. 2, 73–82. Retrieved from: https://research.ebsco.com/c/ziit76/viewer/pdf/6ri6rg6l4z

Plante, T.G. (2024). Confronting religious and spiritual discrimination in clinical and professional practice. *Spirituality in Clinical Practice, Vol 11(4), Dec 2024, 419-423*. Retrieved from: https://psycnet.apa.org/buy/2023-87898-001

Psaila, C. (2012). *Spirituality in Psychotherapy: A Hidden Dimension*. Retrieved from: https://www.proquest.com/openview/d8cf4f00d4597d3958ee9702b70edef6/1?cbl=51922&diss=y&pq-origsite=gscholar

Richards, P.S. (2009). Ethical challenges and opportunities at the edge: Incorporating spirituality and religion into psychotherapy. *Faculty Publications – Grad School of Clinical Psychology* Paper. 158. Retrieved from: https://psycnet.apa.org/record/2009-11890-012

Richards, P. S., & Bergin, A. E. (2005). *A spiritual strategy for counseling and psychotherapy (2nd ed.).* American Psychological Association. https://www.researchgate.net/publication/275333638_A_Spiritual_Strategy_for_Counseling_and_Psychotherapy

Rizzuto, A.M. (1979). *The Birth of the Living God: A Psychoanalytic Study.* The University of Chicago Press: USA

Rogers, C.R. (1957). The Necessary & sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*. 21, 95-103. Retrieved from: https://psycnet.apa.org/record/1959-00842-001

Rogers, C.R. (1993). *On becoming a person*. London: Constable

Roof, W. C. (1999). *Spiritual Marketplace: Baby Boomers and the Remaking of American Religion*. Princeton University Press.

Rose, E. M., Westefeld, J. S., & Ansely, T. N. (2001). Spiritual issues in counseling: Clients' beliefs and preferences. *Journal of Counselling Psychology, 48*(1), 61–71. https://doi.org/10.1037/0022-0167.48.1.61

Rosmarin, D.H; Pargament, K.I; & Koenig, H.G. (2021). Spirituality and mental health: Challenges and opportunities. *The Lancet Psychiatry, Vol 8 (2), 92 – 93.* Retrieved from: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30048-1/abstract

Rowen, J. (2018). Existentialism and spirituality. *Existential analysis*. 29(2). Retrieved from: https://www.bpi.edu/ourpages/auto/2018/11/21/60223490/Existentialism%20_%20Spirituality.pdf

Salcone, S., & Rosmarin, D. H. (2023). SPIRIT: Spiritual psychotherapy for inpatient, residential, and intensive treatment. In P. S. Richards, G. E. K. Allen, & D. K. Judd (Eds.), *Handbook of spiritually integrated psychotherapies* (pp. 157–172). American Psychological Association. Retrieved from: https://psycnet.apa.org/record/2023-36008-008

Salcone, S. G., Currier, J. M., Hinkel, H. M., Pearce, M. J., Wong, S., & Pargament, K. I. (2023). Evaluation of spiritual competency training in mental health (SCT-MH): A replication study with mental health professionals. *Professional Psychology: Research and Practice, 54*(5), 336–341. https://doi.org/10.1037/pro0000525

Sargeant, S., & Yoxall, J. (2023). Psychology and spirituality: Reviewing developments in history, method and practice. *Journal of religion and health*, *62*(2), 1159–1174. https://doi.org/10.1007/s10943-022-01731-1

Saunders, S,M., Miller, M.L., & Bright, M,M. (2010). Spiritually conscious psychological care. *Professional psychology, research and practice.* 41(5). 355-362. http://dx.doi.org/10.1037/a0020953

Schulte, D. L., Skinner, T. A., & Claiborn, C. D. (2002). Religious and spiritual issues in counseling psychology programs. *Counseling Psychologist, 30, 118–134.* https://doi.org/10.1177/00110000023010

Shafranske, E. P., & Gorsuch, R. L. (1984). Factors associated with the perception of spirituality in psychotherapy. *Journal of Transpersonal Psychology, 16*(2), 231–241. Retrieved from: https://psycnet.apa.org/record/1985-31932-001

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

Shafranske, E.P, & Sperry, L. (2005). Addressing the spiritual dimension in psychotherapy: Introduction and overview. In L Sperry & E.P Shafranske (Eds.). *Spiritually Oriented Psychotherapy*. (pp.11-29). American Psychological Association. Retrieved from: https://psycnet.apa.org/record/2004-20360-001

Sheldrake, P. (2016). Constructing spirituality: The "politics" of definitions and historical interpretations. *Religion and Theology 23 (1-2).* https://www.researchgate.net/publication/303532554_Constructing_Spirituality_The_Politics_of_Definitions_and_Historical_Interpretations

Sulmasy, D.P. (2002). A Biopsychosocial-spiritual model for the care of patients at the end of life, *The Gerontologist*, 42(3),24–33, https://doi.org/10.1093/geront/42.suppl_3.24

Vaughan, F. (1991). Spiritual issues in psychotherapy. *The Journal of Transpersonal Psychology.* 23(2). Retrieved from: https://www.atpweb.org/jtparchive/trps-23-91-02-105.pdf

Vieten, C & Lukoff, D. (2022). Spiritual and religious competencies in psychology. *American Psychologist, Vol 77(1), Jan 2022, 26-38.* Retrieved from: https://psycnet.apa.org/buy/2021-62593-001

Vieten, C., Scammell, S., Pierce, A., Pilato, R., Ammondson, I., Pargament, K,I, & Lukoff, D. (2016). Competencies for psychologists in the domains of religion and spirituality. *Spirituality in clinical practice*. 3(2). 92–114. Retrieved from: https://research.ebsco.com/c/ziit76/viewer/pdf/ssqprjwjqv

Vieten, C; Oxhandler, H.K; Pearce, M; Fry, N; Tenaga, C; & Pargament, K.I. (2023). Mental health professionals' perspectives on the relevance of religion and spirituality to mental health care. *BMC Psychology 11, 439.* Retrieved from: https://link.springer.com/article/10.1186/s40359-023-01466-y

Ward, K. (2019). An Investigation into how the meanings of spirituality develop among accredited counsellors when practicing a new shamanic energy therapy. https://doras.dcu.ie/22914/7/THESIS%20FOR%20INTERNAL%20Final%20%281%29%20%281%29.pdf

Wiggins, M. I. (2009). Therapist self-awareness of spirituality. In J. D. Aten & M. M. Leach (Eds.), *Spirituality and the therapeutic process: A comprehensive resource from intake to termination* (pp. 53–74). American Psychological Association. https://doi.org/10.1037/11853-003

Woodhouse, R,B & Hogan. K. (2019). "Out on the edge of my comfort": Trainee counsellor/psychotherapists' experiences of spirituality in therapy—A qualitative exploration. https://www.researchgate.net/publication/335995916_Out_on_the_edge_of_my_comfort_Trainee_counsellorpsychotherapists'_experiences_of_spirituality_in_therapy-A_qualitative_exploration