

How do Psychotherapists Understand, Navigate, Experience and Integrate Spirituality in their Professional Encounters with Clients?- A qualitative study with fifteen Western European psychotherapists

Amalia Elsa Maria Carli

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How do Psychotherapists Understand, Navigate, Experience and Integrate Spirituality in their Professional Encounters with Clients?

-A qualitative study with fifteen Western European psychotherapists.



Amalia Elsa Maria Carli

Clinical Psychologist

Universitat Ramon Llull,

Barcelona, 2019

TESIS DOCTORAL

Title	How do Psychotherapists Understand, Navigate, Experience and Integrate Spirituality in their Professional Encounters with Clients? - A qualitative study with fifteen Western European psychotherapists
Presented by	Amalia Elsa Maria Carli
Centre	Facultat de Psicologia, Ciències de l'Educació i de l'Esport Blanquerna
Department	Psicologia
Directed by	Dra. Clara Gomis Bofill, Ph. D.

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DEDICATION

*In loving memory of my parents,
Catalina Domingos and Carlos Carli.*

To Giti, Sigmund, Renate, Herman and Frida.

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Oslo, September 2019

ABSTRACTS

ENGLISH:

TITLE: *How do Psychotherapists Understand, Navigate, Experience and Integrate Spirituality in their Professional Encounters with Clients?- A qualitative study with fifteen Western European psychotherapists.*

SUMMARY: This dissertation addresses how psychotherapists understand, navigate, experience and integrate spirituality in psychotherapy. Postmodern and social constructionist views underpin the qualitative approach implemented collaboratively and reflexively. A purposive sample of 15 Western European psychotherapists was approached using semi-structured interviews. Transcripts were analyzed inductively by way of thematic analysis. Besides a Roman Catholic priest and psychologist, all other participants conveyed an open, fluid and non-religious spirituality integrating different perspectives and traditions. Spiritual themes were approached from a client centered, humanistic perspective independent from the participants' original psychotherapy training. Differences in the participants' religious and cultural background did not seem to be determinant of the clinicians' views or interventions which seem to integrate different clinical approaches in a heuristic manner. The generated findings suggest psychotherapists understand spirituality as a valid construct, independent from religion, in keeping with other studies. It is recommended an updating of training programs for psychotherapists including relevant spiritual, existential and religious themes, considering a non-materialistic scientific paradigm and acknowledging personal experiences as a source of spiritual knowledge. Power issues in the exclusion of spirituality in psychotherapy are discussed.

KEYWORDS: spirituality and psychotherapy, power and spirituality, social construction, reflexivity, psychotherapists' spirituality, thematic analysis. (195 WORDS)

CATALÀ:

TÍTOL: *Com els psicoterapeutes entenen, aborden, experimenten i integren l'espiritualitat a les seves trobades professionals amb clients?- Un estudi - qualitatiu de quinze psicoterapeutes d'Europa occidental.*

RESUM: Aquest és un estudi qualitatiu de com 15 psicoterapeutes d'Europa occidental entenen i aborden l'espiritualitat en psicoterapia, fonamentat en perspectives postmodernes i social construccionistes, implementant col·laborativitat i reflexivitat. Els resultats han estat generats amb entrevistes qualitatives semi-estructurades, i s'ha analitzat temàticament, suggerint una comprensió de l'espiritualitat com aconfessional i fluida. Independentment de la seva formació terapèutica les intervencions clíniques semblessin implementades des de perspectives humanistes i heurístiques validant valors i experiències del client. Diferències religioses i culturals no semblen haver determinat les perspectives espirituals dels participants. Els resultats generats confirmen que *espiritualitat* és un concepte acceptat i utilitzat per psicoterapeutes i clients, en línia amb altres estudis. Es recomana una actualització dels programes de formació psicoterapèutica amb inclusió de temes espirituals, religiosos i existencials, i consideració del paradigma no-materialista, que reconeix experiències personals com a font de coneixement. Es discuteixen temes de poder que exclouen l'espiritualitat del treball psicoterapèutic.

PARAULES CLAU: espiritualitat i psicoterapia, poder i espiritualitat, construccionisme social, reflexivitat, espiritualitat dels psicoterapeutes, anàlisi temàtic. (194 paraules)

CASTELLANO:

TÍTULO: *Cómo los psicoterapeutas entienden, abordan, experimentan e integran la espiritualidad en sus encuentros profesionales con clientes?-Un estudio cualitativo de quince psicoterapeutas de Europa occidental.*

RESUMEN: Este es un estudio cualitativo de cómo 15 psicoterapeutas de Europa occidental entienden y abordan la espiritualidad en psicoterapia, fundamentado en perspectivas postmodernas y social construccionistas, implementando colaboratividad y reflexividad. Los resultados se generaron a través de entrevistas cualitativas semi-estructuradas, y se analizaron temáticamente, sugiriendo una comprensión de la espiritualidad como aconfesional y fluída. Independientemente de su formación terapéutica las intervenciones clínicas se implementaron desde perspectivas humanistas y heurísticas validando valores y experiencias del cliente. Diferencias religiosas y culturales no parecen haber determinado las perspectivas espirituales de los participantes. Los resultados generados confirman que *espiritualidad* es un concepto aceptado y utilizado por psicoterapeutas y clientes, en línea con otros estudios. Se recomienda una actualización de los programas de formación psicoterapéutica con inclusión de temas espirituales, religiosos y existenciales, y consideración del paradigma no-materialista, que reconoce experiencias personales como fuente de conocimiento. Se discuten temas de poder que excluyen la espiritualidad del trabajo psicoterapéutico.

PALABRAS CLAVE: espiritualidad y psicoterapia, poder y espiritualidad, construccionismo social, reflexividad, espiritualidad de los psicoterapeutas, análisis temático. (196 palabras)

SECTION I: INTRODUCING THIS DISSERTATION

CHAPTER I: INTRODUCTION -RATIONALE AND
CONTEXTUALIZATION

CONCEPTS CLARIFICATION

Throughout these pages I refer to the written dissertation itself as an “inquiry,” “study project,” “research project,” “thesis” and “dissertation.” The participants are also addressed as “therapists,” “psychotherapists” or “clinicians”. Those undergoing psychotherapy are indistinctively addressed as “clients” or “patients”, the latter often used by the participants as well as in much of scholarly work. In Spanish “paciente” seems still more common, probably since “cliente” means “customer” like in a business transaction. When it comes to my chosen method of data generation, I refer to “interviews” and, “conversations” as well as “dialogues” with the participants. The main subject of study is how do therapists understand and relate to the broader concept of “spirituality” - and not organized “religion”. I therefore refer to “spirituality,” “contact with Spirit,” as well as “spiritual concerns” or “spiritual interests”. When the participants refer to religious views, I use this term or *religion* in relation to what they share. I use the term *worldview* to refer to the beliefs upon which individuals ground their values and assumptions about the world around them, either from a secular, widely spiritual or a traditional religious frame of understanding (Danbolt, 2014).

 STARTING THIS JOURNEY

Toda luna, todo año
Todo día, todo viento
Camina y pasa también
También toda sangre llega
Al lugar de su quietud
 Chilan Balam¹

Introducing myself and my context. This dissertation is the result of several years of work motivated by an academic curiosity on the intersection of spirituality and psychotherapy, as part of a personal and professional search. As I write these pages, I am 65 years old and I have been a psychologist for exactly half of my life, since 1986. I work as a clinical psychologist in Oslo within the public re-imburement system. I have two clinical specializations, in *Children and Youth psychology* and in *Intensive psychotherapy*, which were mainly informed by psychodynamic and existential psychotherapy theories and practices. During my extensive trainings there was never a mention of religious or spiritual issues as a resource in clinical work. However, as a younger psychologist I was not interested in spiritual matters and thought psychology was enough to understand human existence and provide support, but with time and in spite of my secular family background, I became increasingly interested in spiritual traditions, practices and experiences. These came to enrich me personally and also influenced my professional understanding and attitude towards my clients' worldviews. I also became aware of how some clients would address spiritual matters in therapy, and I became curious to know how other clinicians would address similar issues. In teachings on Buddhist philosophy, shamanic traditions and other spiritual practices in different countries, I often met other psychotherapists who were taking part. Unaware of the increasing number of studies on the matter, I started to wonder if other colleagues integrated a spiritual understanding in clinical work, and how spirituality was addressed and given meaning within a secular psychotherapy context. Within this context, I often wondered whether psychology and psychotherapy had lost their *Psyche*, their *Soul*. This curiosity brought me first to the Taos Institute, where I took courses and started to plan a PhD underpinned by social constructionist views, on the spirituality of psychotherapists, which I later completed at Blanquerna Ramon Llull University.

During more than thirty years as a psychologist, I have witnessed great societal changes towards a more mechanistic, more concrete and less metaphoric understanding of human

¹ “Every moon, every year. Every day, every wind. Walks and passes too. Likewise, every blood also arrives. To the its resting place”.
Chilan Balam, Mayan text (Roys, 1933)

endeavors (Altfeld & Diggs, 2019). Though I do not deny the importance of technology and the advances of science, as a therapist, I daily witness how people become sick when trying to keep up with higher production demands, stand-by working hours and how badly they are treated when they burnout, which also applies for those in health care professions. External demands for effectivity and perfection reflect also at an inner level, as Jungian analyst Marion Woodmann illustrates in her book *Addiction to perfection* (1982). With time, in my understanding of human existence and psychotherapy, I came to integrate varied influences and multiple voices (Gergen, 1985; 2006; 2009) from different spiritual and psychotherapy traditions, as well as non-materialist views on science (Sheldrake, 2012; 2017; Vieten & Skammel, 2015; Walach, 2018). Some of the younger psychologists, physicians and other health care providers I met seemed to suffer due to health care systems over focused in numbers, reports, diagnoses, documentation and procedures in detriment of a more holistic understanding and a more caring attitude to those helped and to those who provide care. I became critical to reductionist perspectives from where complex human conditions seemed to be considered. It is from this personal, professional and socio-historical context that this dissertation was planned and completed, encompassing many journeys, across countries and continents but most importantly at an academic level, within the subject matter, along for me new methodological landscapes, as well as within philosophies and perspectives, ancient and new which I discuss along the inquiry, and particularly in Chapters III, IV and V.

Ancient Mayan wisdom. Exactly thirty years ago I was traveling from a conference in Cuba and into my first journey to Mexico. As a *plain tourist*, visiting the impressive *Museo de Antropologia* was mandatory. It rose proudly with colorful Aztec and Mayan inspired decorations evoking the disappeared cultures that once flourished around *Tenochtitlan*, the garden city lying where Mexico City now stands. I was looking forward to learn more about cultures that attracted me since childhood. It was a hot, sunny day, and the city was busy with claxons, noises and voices. Inside the museum however, there was a secluded, shadowy *patio* with clean marble walls with a few inscriptions from sacred books from Mexicos' originary people. Among these was the stanza from the *Chilan Balam* (Roys, 1933) I chose to honor at the start of this inquiry's journey.

Thirty years ago, in my thirties, I was not interested in spiritual matters, however, I felt the power of those ancient Mayan voices. Other tourists seemed moved too, speaking in hushed voices and taking time to read those unexpected pieces of poetry conveying a mysterious existential depth that surprised and intrigued me, but which I could identify with. At school I had learned about the Aztecs' and Mayan's human offerings, their wars, maize and tomato

growing, but nothing about their existential longing and their poetry. At that time, I did not write down those stanzas, yet I vaguely remembered they conveyed a spiritual depth. With time I started to ponder on the intersections of spirituality and clinical work and did a little research piece on the matter which I was lucky to be able to present in a psychoanalytic congress ...in Mexico City (Carli, 2012). This time I went back to the *Museo de Antropología*, pen and paper in hand, wishing to reflect upon and share those intriguing words which suggested a search for spiritual meaning, common to humans beyond borders of time and culture, which became part of my motivation for the journey of this dissertation.

HOW THIS CHAPTER IS ORGANIZED

In this introductory chapter I started by sharing some of the motives behind my interest in the subject matter. Below I discuss the dissertation goals and the research question, and then provide a short description of the research project; and give a rationale for it. I then explain why I chose a purposive sample of fifteen Western European clinicians. Throughout this chapter I also situate this inquiry within a historical and professional context. I briefly address ways in which spirituality is understood, and give a rationale for addressing spirituality in clinical practice rather than the more traditional concept of religion. Later, I introduce the postmodern social constructionist and postmaterialist theoretical frame underpinning this dissertation; give a rationale for choosing a qualitative methodology; and introduce qualitative research interviews as the methods chosen for generating knowledge (Kvale, 1996). Then, I present my bricolage approach to this inquiry which is informed by postmodern theories as well as collaborative and reflexive practices (Cheek, 2016, 2000; Rogers, 2012). Finally, I provide a clarification of relevant concepts and end up with an autoethnographic note about experiences that motivated me to choose the subject matter.

DISSERTATION GOALS AND RESEARCH QUESTION

I started this inquiry with a feeling of curiosity and respect for the different ways in which spirituality can be understood and addressed, with the purpose to explore how experienced clinicians in Western Europe understand spirituality, as well as how they apply spiritually sensitive practices in their encounters with clients. My wish was to gain knowledge on how spiritual experiences were integrated in these psychotherapists' personal lives as well about how their professional and spiritual unfolding was influenced by their worldviews. Though I list these goals in a consecutive manner I am aware that these artificially fragmented phenomena manifest in an intertwined, rhizomatic way that cannot be properly represented in

written words. Yet, in order to provide a structure for the generated knowledge, throughout this dissertation I come back to the main areas of understanding, navigating, experiencing and integrating the spiritual, which I addressed in the research question: *How do Psychotherapists Understand, Navigate, Experience and Integrate Spirituality in their Professional Encounters with Clients?*

ATTENDING SPIRITUAL NEEDS WITHIN MENTAL HEALTH CARE

Spiritual and religious matters were excluded from mainstream psychotherapy approaches until the end of last century when scholarly work came to show that clients' religious and spiritual engagement could be a source of strength in times of physical and mental suffering and challenges (Koenig, 2013; Pargament, 2007). Nowadays a growing number of studies acknowledge the importance of validating clients' worldviews, as well as the inclusion of spiritually sensitive practices within psychotherapy approaches (Dass & Groman, 1985; Hefti, 2011; Hofman & Walach, 2011; Pargament, 2007; 2014; Sperry, 2014; Stålsett, 2012; Vieten & Skammel, 2015; Walach, 2011). The relevance of attending to spiritual and religious needs of patients has been particularly focused on the fields of palliative care, grief management and work with people with chronic and terminal conditions (Barbero, Giro, & Gomis, 2008; Benito, Gomis-Bofill, & Barbero, 2016; Puchalski et al., 2006; Tornøe, 2017; Tornøe et al., 2015). Additionally, in increasingly multicultural European societies addressing spiritual and religious matters is attended to when planning public mental health services (DeMarinis, 2014).

On a global basis, a growing number of people recognize themselves as spiritual without identifying with any religious denomination, sometimes calling themselves *SBNR*: "Spiritual But Not Religious" (Bidwell, 2018; 2016; Sheldrake, 2018, 2017; Torralba, 2016; Walach, 2015; 2017), "*ABC*" – Anything But Christian, "Non-verts" who "converted" to no religion (Sheldrake, 2017) or just "Nones" (Drescher, 2016). Within this dynamic context, new spiritual expressions, independent from religious traditions, are increasingly manifested and acknowledged in Western societies (Fox & Sheldrake, 2014; Hognestad, 2015; Walach, 2015; 2017), and many choose to integrate understandings and practices from different traditions in their own idiosyncratic and fluid manner (Bidwell, 2018). On the other hand, the meaning attached to spirituality has evolved and changed through different contexts (Pargament, 2007; Nemeckova, 2017; Robinson, 2018), yet it still has an undefinable, sometimes confusing quality (Bidwell, 2018; Fontana, 2003; Hofman & Walach, 2011). As any situated construct, the understanding of *spirituality* or *spiritual* is subject to transformation, influenced by increased

globalization, developing through direct human interaction. Likewise, it is indirectly influenced through what Gergen (2009, 2006) addresses as *textual friends* in the form of reading, visual and audible material from any tradition and time which has become easily available. In highly secularized Western societies, the understanding of spirituality and its practices seems to develop in a bricolage manner, where different views and practices are integrated (Rogers, 2012), with great freedom and creativity (Bidwell, 2018, 2016).

The gap: what do we need to know more about? Even if the intersection of mental health, psychotherapy and spirituality has deserved growing attention in recent years (Hefti, 2013, 2011; Koenig, 2012; 2013; Pargament, 2007; Shafranske (2005); Shafranske & Sperry, 2005; Vieten, et al., 2016), the inclusion of spirituality within psychotherapy is still not mainstream. Yet, since a growing number of people consider themselves spiritual but not religious (Drescher, 2016; Sheldrake, 2017; Torralba, 2016) it seems relevant to understand how clinicians implement spiritually sensitive approaches that are able to address and contain the open, non-religious spiritualities of our times. Besides, research suggests that addressing spiritual matters in clinical contexts has an impact on the therapist as well (Smith & Orlinsky, 2004) so I also wished to understand how therapists reflected upon spirituality in general, and particularly in relation to clinical encounters.

A purposive sample of fifteen spiritual therapists. In order to gain an understanding of how experienced clinicians approached spirituality in clinical settings I chose a purposive sample (Kvale, 1996; Merriam & Tisdell, 2016; Palys, 2008; Patton, 2003). Fifteen psychotherapists, ages 45 to over 68 years old interested in the broad field of spirituality and clinical work, were contacted and interviewed by me Face-to-face, as well as by Skype and telephone (Lo Iacomo, et al. 2016). Originally, I thought of interviewing therapists with at least ten years of clinical experience since they would have had the opportunity to meet many different clients over a long period of time. Also, I assumed that these clinicians would have been trained at a time when spiritual matters were seldom addressed in reading lists and therapy training, as it was for me. I wanted therefore to know how psychotherapists without a formal education on the matter would find strategies to approach spiritual issues in sessions.

All the participant therapists—four men and eleven women—were born and worked in Western Europe: Norway (3), Denmark (3), Spain (3), England/UK (3), an undisclosed country in Central Europe (1) and Switzerland (2) (one of the Swiss therapists was born in Greece). Eight of these psychotherapists worked in state-driven clinics or practices that were partially supported by their country's health services, the other seven were in private practices. All the interviews were undertaken by myself, using semi-structured qualitative research

interviews (Kvale, 1996; Merriam & Tisdell, 2016), which I describe in Chapter VI. I did all the transcriptions and translations – from Spanish and Norwegian into English – when needed. Since I have a good command of these languages, I did not hire a professional translator to check whether my translations were trustworthy, as some authors suggest (Merriam & Tisdell, 2016). Besides it would have been time consuming and expensive. However, during the dissertation process I consulted English speaking scholars and editors, so I believe the translations are as close as possible to what the participants conveyed in their original language.

Addressing Spirituality not Religion. Within this dissertation I chose to focus on how therapists understand and deal with spiritual matters, not religious ones, but I remained open to the participants' worldviews. The word *spirituality* is addressed in international literature (Fontana, 2003; Pargament, 2007; Torralba, 2016; Vieten & Skammel, 2015; Walach, 2015), and most authors agree that spirituality is a wider, even if slippery, construct, that can be part of, but not limited to religious frames and expressions (Bidwell, 2018; Fontana, 2003; Pargament, 1999, 2007; Torralba, 2016; Vieten & Skammel, 2015). In Chapter II, I discuss in more detail spirituality and related constructs. Personally, I ascribe to an understanding of spirituality transcendental and independent from organized religions and I am not concerned with being associated to new spiritual expressions (Corrywright, 2005; Hognestad, 2015; Laugerud, 2011, 2012).

Like in any pilgrimage, trust has been a necessary companion throughout this dissertation process. Though sometimes I did doubt some of my academic skills, I never doubted my goal and my interest for the subject matter. My wish was to be present in the conversations with the participants and I was confident that our dialogues and joined reflections would generate relevant data. I also trusted we would be able to find a common ground from where to address the word spirituality, which appeared to be the case. I was fortunate to be invited into the participants' reflections about their encounters with clients that conveyed a spiritual quality and have been told moving stories of growth and transformation. Our conversations felt particularly intimate since the participants often said they had not shared these matters with others, and not even with themselves. I remain deeply grateful for the moments of human communion that we shared, sometimes face-to-face, but often many kilometers away, thanks to the miracle of technology. In chapters VIII, IX and X, I illustrate how spirituality and spiritual qualities were understood and addressed by the participants. My effort has been to keep the therapists' narratives alive, allowing them to breathe (Frank, 2010), so that the reader might appreciate the strength and compassion within the shared stories.

Besides exploring and acknowledging the diversity of meanings attached to spirituality by the clinicians, I wanted to understand how spiritual experiences were addressed within a clinical context (McNamee, 2003, 2009; 2010). My intention has also been to explore how multiple meanings of spirituality are woven into what Wittgenstein addressed as “a form of life” (Gergen, 2006; Grant, 2017, Wittgenstein, 1953a). In the context of this dissertation I particularly address the *form of life of psychotherapists interested in spiritual matters*, which I discuss in Chapter XII.

RATIONALE AND SIGNIFICANCE OF THIS PROJECT

At the end of last century, some studies on religiosity among psychotherapists have suggested that therapists are mainly secular and out of synch with the population they offer services to (Bergin, 1991). However, those views have been contested, and contemporary scholarly work suggests instead that psychotherapists may experience spiritual interests in complex manners, often with greater independence from organized religion than most of the population (Hofman & Walach, 2011; Smith & Orlinsky, 2004). Yet, psychotherapy as a profession remains secular (Hofman & Walach, 2011; Smith & Orlinsky, 2004) and research suggests that the therapists’ spiritual interests are seldom conveyed within a professional setting (Smith & Orlinsky, 2004). As a consequence, many clinicians may lack training and references on ways to address and integrate spiritual matters in clinical work (Danbolt & Nordhelle, 2012; Pargament, 2007; Vieten & Skammel, 2015).

Several of the existing studies on the spiritual interests and practices of psychotherapists are grounded in quantitative studies (Hofman & Walach, 2011; Pargament, Lomax, Mc Gee, & Fang, 2014; Pargament, 2002, 2007; Smith & Orlinsky, 2004). There seems to be a need for in depth research aimed to grasp particularities about the psychotherapists’ spiritual understandings and practices, which I might contribute to by having chosen a qualitative methodology and qualitative research interviews as my method for generating data. In this way I hoped to share the experiences, insights, and expertise reflected in the participants’ narratives so that these could be of inspiration for those interested in integrating spiritual matters within psychotherapy. The generated knowledge in this study could also contribute to further reflection and articulation about an area of life itself and within our professions that for long has remained silent (Pargament, 2017; Vieten & Skammel, 2015).

Relevance for psychotherapy training. By showing ideas and strategies shared by the participant therapists, the findings from this dissertation could also be relevant for institutions offering psychotherapy training. Those in charge of developing programs and reading lists for

future psychotherapists could profit from the participants' stories and reflections when it comes time to integrating spiritual matters in clinical settings.

Need for research in Spanish. Internationally, there is a growing interest and academic activity in the field of spirituality and mental health, particularly in English, where different scholars advocate for the importance of addressing spiritual matters within clinical interventions (Pargament & Abu Raiya, 2007; Pargament, 2007; Plante, 2007; Shafranske & Malony, 1990; Shafranske & Sperry, 2005; Scott-Richards, 2009; Schreurs, 2001; Smith & Orlinsky, 2004; Sperry & Shafranske, 2005). However, scholarly work in the Spanish language on the subject matter is still scarce, with a few contributions on the integration of spiritual views in clinical practice (Rodriguez, 2014) and in palliative care (Benito, Gomis-Bofill, & Barbero, 2016). My wish is to later share knowledge from this dissertation in Spanish.

Ethical considerations secured. This inquiry was granted quality and ethical clearance by the ethical committee of Blanquerna Ramon Llull University, signed by the vice dean of post Graduate Studies and Research, Dr. Xavier Pujadas i Marti, in November 2017.

Ethical issues permeated the whole process of planning, carrying out and re-presenting this inquiry. Yet, in Chapter VII, I specifically address some ethical concerns and challenges and share how these were met.

No conflicts of interest were identified. This dissertation was self-financed.

THEORIES UNDERPINNING THIS DISSERTATION

The work of this dissertation is informed by postmodern and social constructionist views contesting the idea of a value neutral observer, researcher or therapist (Anderson, 2014; Beauregard, et al., 2014; Cheek, 2000; Etherington, 2004; Gergen, 2015; Mc Namee, 2009), as well as on a post materialistic perspective (Hughes, 1996; Kvale, 1996; Walach, 2018). Emerging from postmodernism, social constructionist perspectives are not limited by “master” or “grand” narratives nor by overarching theoretical determinants (Cheek, 2000; Gergen, 1985; Lyotard, 1984). Social constructionists understand knowledge as socially constructed through processes of interpersonal interaction and contest the idea of developing and consolidating only one, bounded identity and instead suggest that we have multiple possible identities that can co-exist and be integrated within each other throughout our lives (Gergen, 2009; McNamee, 2009; McNamee & Hosking, 2012). Kenneth Gergen suggests there is a cacophony of “multiple voices” informing our identity which he addresses as “plurivocality” (Gergen, 2006; 2009). A social constructionist position also validates spirituality, with its fluid and uncertain boundaries,

as an object of study (Bidwell, 2016, 2018). Aligned with social constructionist perspectives, Duane Bidwell (2016, 2018) and Elizabeth Drescher (2016) discuss how a growing number of people integrate multiple voices in their dynamic spiritual identities and expressions. Besides, the whole dissertation is also underpinned by the idea of “bricolage”, which refers to the integration of different sources of knowledge and the inclusion of diverse methodologies (Rogers, 2012). As I will discuss in chapters XI, XII and XIII, the metaphor of bricolage also serves to illustrate the participants’ understanding of spirituality and how they integrated different clinical approaches in their spiritually sensitive interventions.

On a personal level, social constructionist views have inspired me to understand my own and others’ spiritual searches and personal growth, validating and interweaving with my integration of voices from different spiritual traditions and sources of knowledge, including different scientific contributions from Quantum Physics and other disciplines (Bohm, 1996; Laszlo, 2014; Sheldrake, 2013). Through my learning about social constructionist ideas I also became acquainted with narrative views within psychotherapy and research, which inspired me to implement a curious, “not knowing attitude” characterized by collaborative approaches (Anderson, 1997; McNamee, 2003; McNamee & Hosking, 2012). Throughout my encounters with the participants, as well as during the analysis and discussion of the generated findings, I have tried to be receptive and open to their narratives. For instance, some of the participants’ stories referred to consciousness phenomena addressed in contemporary post materialist scientific studies that integrate ancient spiritual views (Capra, 1997; Fox & Sheldrake, 2014; Sheldrake, 2017; Lommel, 2010; Vieten & Skammel, 2015). Framing the dissertation within a social constructionist perspective supported me as a researcher to keep a non-judgmental, broad approach to the generated data, while holding a reflexive stance enabled me to share some of my views and responses with the participants (Etherington, 2004).

Adopting a bricolage approach within this dissertation also enabled me to address scientific sources outside the scope of psychotherapy and spirituality that I found relevant to the subject matter, particularly ideas within a new scientific, non-materialist paradigm (Beauregard, et al., 2014; Sheldrake, 2012; Schäffer, 2013; Walach, 2018). These views contribute to an updated understanding of spirituality, spiritual or numinous phenomena and their integration in psychotherapy practices. In his work, Carl Gustav Jung (1961; 1966) also integrates postmaterialist views in the understanding of psychic phenomena. Though Jung’s contributions have been kept outside mainstream psychology some contemporary scholars have continued studying within this area (Grof, 1989; 2000; Robinson, 2018; Vieten & Skammel,

2015; Walach, 2017). I discuss some of these perspectives in Chapters III and IV, and return to Jung's contributions in chapter XII.

Building up the dissertation from a social constructionist perspective. Doing research within a philosophy underpinned by social constructionist views, has allowed for some adjustments during the course of the research design and implementation (Yin, 2011). For instance, when I started to give shape to the research proposal, I had wondered how the participants *defined* spirituality. But from a postmodern perspective, asking for a *definition*, would have limited the possibility for personal narratives and co-constructed meaning making (Etherington, 2016b). I chose therefore to clarify that my wish was to access a *description* of what the participant therapists understood, felt and reflected about spirituality. I also asked for stories from their clinical practice that addressed spiritual content. Through the interviews I wished to get an impression of how meaning was co-created (McNamee, 2009). Likewise I wished to gain an understanding of how the participants addressed moments with a “spiritual resonance”(Whitney,2006), also called “sacred moments,” in their interactions with clients (Pargament, 2017, 2007).

To start with, I expected participants to tell a compelling story of an illuminating moment with sacred qualities that had emotionally impacted them. After a few interviews though, I came to understand that even if those spiritually charged moments had taken place, these were not always accessible to the clinician's memory. In fact, not all the participants narrated such encounters in the dramatic narrative way I had expected. Yet each participant told a story, *their* own story of interactions that *for them* had a spiritual content. In the analysis of the generated data I therefore chose to focus on the participants' views and values, as well as on the interventions and strategies implemented in order to *navigate* those encounters with a spiritual character. By *navigating* I refer to how the participant understood a spiritual experience in therapy, to how therapist and client made meaning of it, as well as to what kind of interventions were implemented. I also wondered if therapists would have a map to “navigate” afterwards, in the shape of particular tools or interventions or if they implement improvised, intuitive approaches.

I also wished to understand whether the client's reason for seeking therapy known as “therapeutic demand”, would determine whether or not clinicians chose to implement spiritually sensitive practices. I was also curious to know if a particular issue, for instance depression, was addressed in a more spiritually minded way than another concern such as addiction or if the contrary was true. I also wondered whether I could identify a prominent theoretical background among clinicians who made interventions with a spiritual content: Were

therapists who had, for instance, a psychoanalytic or psychodynamic training, more reserved about integrating spiritual perspectives, or were there significant differences among clinicians with different backgrounds when it came to validating spirituality? I was also interested to know whether therapists would disclose their own spiritual beliefs or practices with clients.

Since research on psychotherapy suggests that, in general, therapists can be strongly influenced by their encounters with clients (Rønnestad & Skovholt, 2013; Råbu & McLeod, 2018; Råbu, Moltu, Binder, & McLeod, 2016), and particularly when it comes to spiritual matters (Orlinsky, 2000; Smith & Orlinsky, 2004) I was also curious to know:

- How do therapists experience and reflect upon those spiritual encounters?
- Do such experiences influence the therapist and if so, how?
- Is the resulting knowledge integrated in the participant therapists' lives and work?

Studies from Western Europe, the USA, South Africa and New Zealand show that spiritual matters are still not included in training programs for psychotherapists (Elkonin, Brown, & Naicker, 2012; Florence, 2015; Hofman & Walach, 2011; Pargament, 2007), so I was also interested to get an understanding of the participants' reflections on the integration of spiritual matters within psychotherapy training.

Direct experiencing of spirituality. Spiritual experiences belong to an area of existence with an intimate, non-verbal quality, difficult to put into words, and therefore often kept private (Danbolt & Nordhelle, 2012; Walach, 2017; 2018). Besides, since spiritual matters have deserved little attention within contemporary Western culture, those undergoing transcendental or spiritual phenomena could struggle to understand and give meaning to what they experience within themselves (Torrallba, 2016). Precisely because of this private and sometimes confusing quality, spiritual concerns and experiences with a transcendent quality may be part of what clients would like to address in psychotherapy (Pargament, 2007; Sperry & Shafranske, 2005; Vieten & Skammel, 2015). A spiritual experience may involve an intangible quality and the encounter with a “numinous” presence (Corbett, 1996; Jung, 1961, 1966, 1968; Otto, 1923). However, these phenomena may remain unrecognized in clinical settings if the therapist, or client, lacks sensitivity and awareness of them (Corbett, 1996). In chapter III, I discuss these views.

A humanistic critique against mechanistic views in mental health. Another rationale for this study is that it could help articulate a critique in opposition to the deficit discourse so prevalent within mental health care nowadays (Foss & Wifstad, 2011; Gergen, 2006; Tveito, 2012). In so doing this dissertation could contribute to a more humane and holistic approach towards psychological and social suffering. Reading about the participants' reflections and

practices could also invite other clinicians to reflect on their own spirituality, and to acknowledge the myriad of expressions in which the spiritual can manifest and be addressed in psychotherapy.

The ways in which human beings are understood, as well as how human suffering may be approached, is under the influence of historical cultural and religious contexts (Skjær Ulvik & Rønnestad, 2013). In later centuries scientific knowledge has had a great impact on the way we understand humans and what is appropriate medical and mental health care and psychotherapy. Since the seventeenth century, science has developed under the Newtonian paradigm, extending a mechanical understanding of the world, which also came to influence views on human life (Bilimoria, 2017; Robinson, 2018; Sheldrake, 2012; Walach, 2018, 2017). Until the 1960s, most physicists believed that evolution only affected biological beings and that the Cosmos was “an uncreative machine” that could be understood by addressing fragments of its totality (Fox & Sheldrake, 2014, p. 13). Gradually, these ideas were challenged when a post materialist view of science came to contest the materialist, mechanical paradigm from which most of science still operates (Sheldrake, 2012; Walach, 2018). Though not mainstream yet, the idea of the Cosmos being creative as well as evolving, is gaining ground in scientific and philosophical circles (Baring, 2013; Lorimer, 2004; 2017; Sheldrake, 2012) where scholars suggest that just as humans, the universe itself is also characterized by evolution and transformation at all possible levels (Robinson, 2018; Sheldrake, 2012; Tarnas, 2007; Taylor, 2017).

However, in spite of the gradual advance of non-materialist scientific perspectives (Walach, 2018), fragmented, mechanistic and reductionist views still permeate much of psychological and psychotherapeutic understanding. This is reflected in how some mental health systems and organizations understand human mental states and their attached diagnoses as a static condition (Farudi, 2014; Foss & Wifstad, 2011; Gergen, 2006; McGilchrist, 2009; Walach, 2018). As a consequence, those undergoing mental health problems are often given labels they identify with, and in which they often get trapped. It is therefore important to remind ourselves and our clients that like everything around us, human beings are continuously evolving through social interaction as with psychotherapy (Gergen, 2009).

Situating this dissertation within a historical and professional context. Entering the twenty first century, spirituality may be one of the last taboos within psychotherapy (Sheldrake, 2017; Walach, 2017). Unlike sexuality and the acknowledgment of its multiple expressions and challenging struggles, spirituality has for many years been left outside psychotherapy literature and training (Elkonin, Brown, & Naicker, 2012; Hofman & Walach, 2011; Pargament, 2007;

Shafranske, 2010; Walach, 2017). As I addressed above under the point “Attending spiritual needs within mental health care”, in contemporary societies, a growing number of people seem to distance themselves from organized religions (Drescher, 2016; Marirrodriga, 2016; Robinson, 2018; Sheldrake, 2017; Taylor, 2017; Torralba, 2016; Wilber, 2007).

Following the Enlightenment period, in Modernist times, scholars expected Western societies to become increasingly secular, yet this premonition has partially failed (Berger, 1999). Moreover, even if Western societies have become increasingly secularized during the last century, there is a growing interest to address religion and spirituality within health care (Danbolt, et.al., 2014; Koenig, 2013; Taylor, 2017). From its start at the end of the Nineteenth century, psychotherapy as a profession appeared true to its Modernistic origins, taking distance from spiritual and religious matters, strongly influenced by Sigmund Freud’s negative attitudes to religion (Freud, 1915; 1927) which impacted other clinical approaches beyond psychoanalysis (Pargament, 2007). Consequently, psychotherapy schools expecting scientific and academic recognition, were often hostile to spirituality and religion. Yet, recent studies suggest that many clients would like to address religious and spiritual themes with their psychotherapists (Pargament, 2007). I address these issues in chapter IV.

Professional literature and the training of therapists were for the most—and still are—expected to be value neutral and secular, so religion and spirituality have received little attention within graduate studies and psychotherapy training (Hofman & Walach, 2011; Shafranske, 2009, 2010). As I discuss in chapter III, psychoanalysis demands for anonymity on the side of the therapist and the abstaining from disclosing personal matters or worldviews came to also influence other clinical approaches (Freud, 1915; Kernberg, 2016; Killingmo, 1997). Likewise when discussing or presenting a case for supervision or in written form, a psychotherapist is usually expected to clarify *the client’s* worldviews but *not* the therapist’s. In the presentations of cases for clinical supervision, the spiritual or religious views of *the other* in the therapeutic dyad, that is, “*the client*”, might instead take a prominent place, presented as “a young Muslim male” or “a Jehovah’s witness, middle aged woman.” Likewise, the readers could share my impression that within scholarly work, traditionally the researcher’s *own* world views are seldom disclosed, as if those did not exist or as if neutrality was at all possible. Not disclosing the spiritual stance of the therapist or researcher who co-participates in the therapeutic or research encounter implies accepting the idea of a neutral observer, grounded in a materialistic worldview still considered a true scientific stance (Walach, 2018). Such position influenced by positivistic views equals the role of a scholar within social sciences to that of an experimental researcher within natural sciences and has permeated much of our understanding of

psychotherapy and research (Merriam & Tisdell, 2016; Walach, 2018). Within the paradigmatic underpinning of this dissertation I contest such views. I address my role as a non neutral researcher along the dissertation and particularly in chapters V, VI, VII and in the discussion chapters XI, XII and XIII.

QUALITATIVE METHODOLOGY AND METHODS OF DATA GENERATION

Within the postmodern and social constructionist underpinnings of this dissertation, a qualitative approach appeared as an appropriate methodology since it facilitates to gain a deeper understanding of the way in which people construct their worlds and make meaning of what they experience (Merriam & Tisdell, 2016). As a method of data generation, I chose to implement a Semi-structured qualitative research interview (Kvale, 1996) informed by Narrative Inquiry's idea of *stories of lived experiences* (Etherington, 2016,a; 2004). This method allowed the participants and me to develop a co-constructed narrative through our conversations (Brinkmann, 2012; Kvale, 1996). In order to conceptualize and organize the generated findings, *thematic analysis* was implemented, which enables to identify, analyze and interpret patterns and meaning of significant themes generated through the interviews (Boyatzis, 1998; Braun & Clarke, 2006),

Research consists of a systematic process to know more about a particular phenomenon and can be categorized as basic or pure research or applied research (Merriam & Tisdell, 2016). This dissertation has characteristics of basic research, with an intellectual motivation to gain knowledge on how clinicians understand, navigate and integrate spirituality, with the intention of contributing with basic knowledge within the field of spirituality within psychotherapy (Merriam & Tisdell, 2016). On the other hand, this inquiry has also aspects of applied research as well since the generated data could come to inform practices related to implementation of spiritually sensitive interventions in clinical practice. By getting acquainted with the diversity of approaches that the participants implemented, and their rationale, other clinicians could be inspired in their clinical work, by implementing new practices, by searching for more knowledge or by feeling supported in finding their own ways to address spiritual matters.

Lines of Inquiry. Before conducting the interviews, I elaborated a set of Lines of Inquiry, organized around the research question in order to coordinate the themes to be addressed with each participant (Merriam & Tisdell, 2016). The main themes addressed were:

- the participants' understanding of spirituality
- their religious family backgrounds
- stories from clinical practice with a spiritual content and relevant interventions

- ways in which those encounters affected the therapist
- the clinicians' current spiritual stance and practices
- thoughts on the relevance of spirituality in clinical training

The Lines of Inquiry are presented and discussed in chapter VI (p.149) where I also explain the interview rationale and how it was applied in a reflexive manner, addressing also other relevant themes.

Guesses and hunches on some of the questions. Within the theoretical frame of this research study, it would not be appropriate to elaborate hypothesis beforehand. Yet, to start with, I had a few hunches about some of the possible answers to the lines of inquiry: 1) My first hunch was that psychotherapists who accepted to participate belonged to a *form of life* (Gergen, 2006) that enabled them to relate to *spirituality* as a construct to convey their understanding, though with their own nuances. 2) Another hunch was that cultural and geographical differences would play a lesser role in the way the participants understood spirituality, 3) and on how they approached spiritual moments within psychotherapy. I discuss these hunches in page 183 and return to these in chapters XI and XII.

Writing as a conversation. This dissertation is written in a conversational way (Simon, 2012) also known as *Analytical Story*, where my voice and reflections will be easily identified. Throughout the different stages of this inquiry: planning, interviewing, analysis, re-presenting the findings, discussion and final writing, I kept a reflexive perspective. As a researcher I paid attention to my own motivations, experiences, feelings, reflections and practices (Cheek, 2017; Cuesta-Benjumea, 2011; Etherington, 2004; Roulston, 2010). From the end of twentieth century, reflexivity has been increasingly recognized and applied in social research, as part of the ongoing paradigm shift within science (Etherington, 2004). I implement reflexivity through the whole inquiry, and I discuss it in detail in chapter V (p.119) and in chapter XIV.

Within a postmodern perspective, my goal has been to be transparent about the choices I made during the inquiry process, as well as on how my own worldview and life experiences have influenced the generated knowledge (Cheek, 2000; Etherington, 2004). I am aware that my own assumptions have affected the dialogues with the participant therapists, the analysis of their narratives. Likewise, my views influenced the themes I chose to represent in chapters VIII, IX and X, and they influenced the discussion in chapters XI, XII, and XIII. Finally, in chapter XIV, I discuss the practical implications of this inquiry, share how I was affected by the research process, and give a valuation of the inquiry.

APPROACHING AN UNDERSTANDING OF SPIRITUALITY

Innate and constructed. In my view, spirituality can be understood as a socially constructed and therefore situated concept, the understanding of which may change in different cultural and historical contexts. At the same time I also believe that the capacity for spiritual experiences is innate in humans. Scholars bridging science and spirituality understand spirituality as also going beyond what we can consider the product of social interaction (Miller, 2004, 2009, 2010; Sheldrake, 2017; Torralba, 2016, Walach, 2017). The appreciation of spirituality demands a capacity for self-reflection, for gratitude and awe of what is around us and within us. Some scholars suggest that rudiments of a spiritual dimension may also be present in animals since some of them are capable of expressing awe, compassion, love, gratitude and even mourning (Bekoff, 2012, 2009b; Goodall, 2005). Rupert Sheldrake (2017) suggests that animals might experience spirituality in a more direct way, without the mind that characterize humans.

In my opinion, spirituality may be both innate to the human condition and constructed through social interaction. Besides, our understanding of spirituality evolves continuously in a dynamic manner and can therefore be expressed in an array of manners both within a particular tradition and in idiosyncratic ways (Bidwell, 2018; Jung, 1961,1968; Miller, 2010, 2013; Vieten & Skammel, 2015). The longing for and capacity to contact a dimension greater than ourselves seems to have been present from the beginning of human existence (Baring, 2013; Harner, 1990;Torralba, 2016), yet not because there is a “spiritual” place to be found in the “brain” as materialist science suggests (Lorimer, 2004; Lorimer, Clarke, Cosh, Payne, & Mayne, 1999; McGilchrist, 2009), but because that longing and the search it gives rise to, is part of what makes us human (Torralba, 2010; Walach, 2017). However, how we understand spirituality, how we reflect upon our transcendence and how we communicate this to ourselves and to others is likely to be strongly influenced by our social interactions, and therefore, I think, at least partially socially constructed.

Throughout this study I also hoped to get an understanding of what happens when the constructed meets the innate: Does the constructed control the innate? And in therapeutic consultations, is the innate only allowed to manifest and be expressed in a constructed way?

VALUES AND PERSONAL EXPERIENCES THAT INFORM MY WORK

On a personal stance, I also wish to be transparent about some of my background since it is part of the frame from where I approach the subject matter. I was born in Argentina, a

secular country, in 1954, was Christened in the Roman Catholic Church soon after birth and took communion at ten years old, as it was the custom then. But mine was not a religious family, and when compared to close relatives my parents were very secularized. We rarely attended church, only if someone married, died, took communion or was baptized. My parents were not married by the Church, quite unheard in the 50s. Dad was not baptized and he died agnostic. Mom was more communicative of her criticism of the Church and priests than of her religious beliefs. Yet, she made her bedside prayers without compelling us to do so.

One person in the extended family was a “true believer” and prayed for all of us: my Portuguese grandmother. Still today I wonder whether her pious prayers keep showering protection on me. Even if she taught us to say our little night prayers, grandmother never criticized us for not sharing her standards. When I became a vegetarian, she carefully asked: “What is your religion *now* my dear?” Nobody in my family seemed to judge or criticize other members’ spiritual interests or lack thereof, but they would ask questions out of genuine interest and respect. I am grateful for having grown up within a relaxed atmosphere of freedom to make my own spiritual choices. When grandmother died at ninety-six, from her few belongings I claimed the little framed picture of the Lady of the Perpetual Help, in front of whom she would pray for our lives, our exams and especially for those deceased. It was moving to see that the image that comforted her—and us—during her long life and many losses, was actually an old, inexpensive Church stamp, lovingly framed.

As a child, and still now, I recognized a spiritual quality as the pleasure of connecting with nature, the awe of finding beautiful stones and fossils, a kinship with the original peoples of my continent, beauty of silence and inner experiences. Yet I lacked nourishment to validate and sustain such interests in a societal context that I experienced as increasingly materialist and controlling when growing up. In 1973 I left my hometown and started studying Psychology in Buenos Aires. It was a highly politicized time, and in 1977 I moved to Norway, a beautiful, peaceful and generous country, just as I had wished my birth country one day could be. Here I completed Psychology studies at the university of Oslo, graduating in 1986. Later on, I completed two clinical specializations in Child and Youth Psychotherapy (1994), and in Psychodynamic Psychotherapy with Adults (2012) of four years each.

For many years I worked mainly with migrants, refugees and overseas adoptees in state supported child guidance clinics and at the university of Oslo and became increasingly concerned with children and youth as victims of racism and discrimination (Carli, 2011). In 2004 I started a full-time clinical practice within the public reimbursement system that enables me to reach clients from all walks of life, and I enjoy my work every single day. Over the years

my approach to psychotherapy became an integrative one (Wilber, 2000) including approaches from Jungian analysis (Hognestad, 1997; Jung, 1969, 1968, 1961), narrative psychotherapy and collaborative practices (Anderson, 1997; McNamee, 2009) as well EMDR (Shapiro, 1991). I also studied Medical Qi Gong (Xiulan, 2008) and became a practitioner of Edward Bach Flower Remedies (Myskja, 2008). The image of bricolage (Rogers, 2012) seems appropriate to describe how I came to integrate some of these perspectives and practices in my clinical understanding and approaches.

With time I became interested in Buddhist teachings and ancient philosophies as well as knowledge conveying the understanding that we may live in a conscious universe (Baring, 2013; Grof, 2000; Haramain, 2016; Kovacks, 2019; Lorimer, 2004; Sheldrake, 2012; Tarnas, 2007). I was compelled by the idea that we are interrelated and interconnected so that even physically we may somehow influence each other's reality (Dalai Lama, 1999; 2005), something that contemporary studies also suggest (Dotta, 2012; Fenwick, 2019; McCraty, 2016; McTaggart, 2008). In later years I have participated in simple, yet powerful ceremonies directed by Mayan teachers from Mexico and Q'ero Shamans of the Andes (Villoldo, 2000), where other psychotherapists often also took part. Those experiences helped me connect with the participants in this inquiry who held shamanic worldviews.

Blurring borders of schools of psychotherapy thought. Different authors suggest we live within a paradigm shift that enables us to integrate different theoretical and scientific perspectives with knowledge from spiritual traditions (Capra, 1997; Grof, 2000; Rusell, 2002; Vieten & Skammel, 2015). Similarly, nowadays it is possible to integrate different schools of psychology and psychotherapy, however, when I started studying psychology in Argentina in 1972, Psychoanalysis was the only theoretical and practical option. Almost everything outside the psychoanalytic territory was seen as *conductista* (behaviorist). An illustration of this would look like a flat earth drawing. Outside the rich land of Psychoanalysis with all its sophisticated European scholars there were “conductistas,” *the* behaviorists, “menacing” creatures like Skinner and Pavlov, and not much more. However, in the ‘70s in Argentina, psychology also included reading original work by Marx, Paulo Freire, Foucault, and other scholars with critical perspectives that I have missed later.

When I studied in Norway during the ‘80s, the picture was more nuanced since the Psychology faculty offered different theoretical and practice-oriented courses. The map of the “psychology and psychotherapy world” was not flat, however boundaries between territories still existed. There were no menacing creatures keeping the borders, but each psychotherapy school stayed in its place. If one was psychodynamic oriented (as I was), one would not include

metaphors, homework or other cognitive oriented approaches. Meditation was of course unthinkable as a clinical intervention, and only part of the lives of strange, hippie like people. But that was of course in the very, very old times. Now there is an intermingling of different psychology and psychotherapy schools and a workable integration I identify with.

Writing from the margins. I understand myself as placed in a marginal position within the social context where I practice as a clinical psychologist: I am both a migrant and a person committed to a spiritual path. Being born in Argentina has influenced me greatly. I have witnessed how my home continent has been subjected to compulsory Christian missionary work, in detriment to the rich wisdom from the original people of the Americas, which has been attacked and discredited for more than 500 years. With the negative consequences of lack of a positive identity, self-deprecation, idealization of the oppressor and even self-hate, processes that still happen today in most American countries. These facts made me aware of issues of power when it comes to defining one's identity and giving value to what is considered, or not considered, a *correct* spiritual view, as well as being concerned about who may ultimately claim to own our spiritual journey. These are issues I discuss in chapter XIII.

As a researcher I also place myself on a marginal position and stay critical of some taken for granted structures that determine mental health standards. As someone who identifies with post materialist perspectives, my understanding of research and science includes post materialist views on science, and questions mainstream understanding still grounded in a post positivist scientific paradigm (Beauregard, et al., 2014; Sheldrake, 2012; Walach, 2018).

I also place myself within the margins where health sciences and spiritual concerns intersect: it is the friction of those two tectonic plates that I am especially curious about. I hope that having a position in the margins of mainstream society, psychology and science can help me stay open to reflections and contributions relevant to the topic of this dissertation.

An invitation into a pilgrimage. Fortunately, of the many blessings pouring on me, studying at Blanquerna, University Ramon Llull implied I had to travel many times from Oslo to beautiful Barcelona. Those were journeys to support my dissertation work, nourish my Spanish speaking soul, and learn a bit of Catalan too. I attended courses, received supervision from Dr. Clara Gomis Bofill, met a few research participants and took time for a little trip to the seaside. Even if not written there, many of these pages were contemplated on those lovely beaches from Sitges to Cadaqués, with white buildings reflecting in clear blue waters. I walked along narrow streets, climbing stairs to take in powerful vistas of the immense sky mirroring itself in the Mediterranean Sea. I contemplated the nearly leafless Bougainvilleas, pouring their

rain of pink, purple and red flowers against whitewashed walls. I felt deep gratitude towards nature for opening herself so generously and for the beauty so readily before my eyes. I also felt gratitude for those who took the effort to build organic, non-opulent and gentle buildings that melted harmoniously with the landscape. Those visits were also part of my pilgrimage.

Through these pages I invite the reader into a journey through the field of psychotherapy and spirituality. My hope is to reflect some of the sources of knowledge that have inspired me on the way, and to honor the richness of the conversations with the fifteen psychotherapists who kindly agreed to be interviewed, and whose stories I re-presented in chapters VIII, IX and X. Through this dissertation I also hope to contribute to an ongoing reflection on the depths of psychotherapy work and honor the very name of our profession. Psychotherapy means *Soul attending*, or *Soul care*, so I wish to inspire others to be part of healing psychotherapy itself, after it being severed from its transcendental purpose: *The healing of the Soul* (Grof, 2000; Grof & Grof 1992). May this dissertation contribute to less fragmented and more holistic clinical approaches.

SECTION II: LITERATURE REVIEW

The literature informing this dissertation is organized into three conjoined chapters. In chapter II, I discuss spirituality, religion and related constructs. In chapter III, I give a historical perspective of the exclusion of spiritual matters from psychotherapy and in chapter IV, I address the reawakening of spiritual interests within psychotherapy and present studies and other information of relevance.

When looking for literature related to the subject matter, I searched for themes related to the research question: ***How do psychotherapists understand, navigate, experience and integrate spirituality in their professional encounters with clients?***

I searched mainly on the following key words: spirituality and psychotherapy, worldviews and psychotherapy, integrating spirituality in psychotherapy and clinical work and the spirituality of psychotherapists. *Spirituality and psychotherapy* provided the most relevant sources. Later, I also looked for literature in Spanish under the key words *Espiritualidad y psicoterapia*, which showed to be very scarce compared to English publications. On February 20th, 2019 I did a final search for articles and books on *spirituality* and *psychotherapy*. Although a Google search showed 85,100 results, an open library search showed 18,144 results on books and articles on the matter. A Medline search on scholarly articles on *spirituality and psychotherapy* showed 8,920 results; a Pubmed search showed 590 results; and a Psychinfo search revealed 159 results. The results in Spanish contrasted greatly with the vast results found in English literature: A Google search on *espiritualidad y psicoterapia* yielded 5,860 results while a library search showed only 127 results, and a Medline search showed 164 results. A Pubmed search also on *Psicoterapia y espiritualidad* showed 241 results, which in fact included some articles in Portuguese. A Psychinfo search showed only two articles on *Psicoterapia y espiritualidad*, one was actually a conference presentation in Spanish and the other an article from Brazil, in Portuguese. Though my intention here is not to give an exhaustive presentation on the literature on the subject matter, the numbers above show a growing number of publications on the subject matter in English, while in Spanish more studies are needed.

A challenge when approaching the literature review is keeping it relevant to the subject matter and focusing on the dissertation's goals. It should also be succinct or brief enough to support the subject without becoming a "book on its own" within the dissertation. Given the characteristics of the theme of study, the great number of publications on the matter, and the many related themes I found relevant, it has indeed been a challenge to keep the literature review concise. Since I have been interested in this research for a long time, I came to collect a great number of books and articles on matters related to religion psychology, the avoidance of spirituality in psychology and psychotherapy as well as on integrating spirituality and

psychotherapy, and on science and spirituality, to name a few. Over a period of several years, I have attended workshops and lectures and tried to follow discussions in English, Spanish, Norwegian and German journals in the intersection of spirituality, psychotherapy and palliative care.

This literature review reflects my subjectivity in a big way, as it is often the case, since even when sharing the same socio-historical context, different researchers approach the complex fields of spirituality and psychotherapy from an array of theoretical backgrounds, prioritizing diverse assumptions, and with varied research methods. In this study, my theoretical stance and personal interests are evident in how I attempt to integrate literature from sources that, at times, might feel only tangentially related. For instance, I include here scholarly work bridging spirituality, consciousness and science, which has been growing since the last part of the twentieth century until the present (Lorimer, Clarke, Cosh, Payne, & Mayne, 1999; Sheldrake, 2017; Schäffer, 2013; Walach, 2017; Woollacott, 2017; Worthington, 2012). Here I include literature from fields that are outside of traditional academia, like updated scientific perspectives grounded in quantum physics (Schäffer, 2013), the work and theories of Carl Gustav Jung (Hoeller, 1982; Jung, 1968, 1966) as well as scholarly work addressing Jung's contributions (Corbett, 1996; Tarnas, 2007).

My reason for discussing these diverse sources of knowledge is that taken together they could provide the reader with a more complete understanding of the relationship between spirituality, science and psychotherapy. Much of the scholarly work I show also helps contextualize the generated data from perspectives that are seldom addressed in psychotherapy.

CHAPTER II: SPIRITUALITY AND RELATED CONSTRUCTS

 RE-ACKNOWLEDGING SPIRITUALITY IN SECULARIZED SOCIETIES

*We are more than psychological,
Social and physical beings;
We are also spiritual beings.*

Kenneth Pargament, 2007, p.10.

Addressing the concept of *spirituality* has become more prominent and popular in different contexts, particularly in matters related to psychological wellbeing and health, yet it remains a complex and contested construct with a definition laden with difficulty (Pargament, 2007; Wulff, 1997). Similarly, defining other concepts associated with spirituality, such as religion and religiosity, appear fraught with difficulties, influenced by different historical and cultural contexts. As such, I start this section by addressing aspects of complex secularization in the Western world, where there is less participation in organized religion, yet a spiritual, non-confessional attitude in many people (Bidwell, 2018; Drescher, 2016; Pargament, 2007; Sheldrake, 2017). Later in this chapter I will explore overall definitional and conceptual issues as a means of providing clarity and context. I also refer to how the concept of spirituality has evolved and addressed different qualities of spiritual experiences that are relevant to this study and to some of the experiences shared by the participants. I also present views that support a differentiation between spirituality and religion. Finally, I sum up this chapter by conveying my own understanding of the word spirituality.

Decline in religious affiliation. In our postmodern times many people choose to call themselves *spiritual but not religious*. Common for such new “denominations” is that those involved distance themselves from organized religions yet acknowledge a spiritual denomination in their lives (Drescher, 2016; Sheldrake, 2017; Taylor, 2017; Torralba, 2016; Wilber, 2000, 2001). Until a few years ago in Western Europe, a particular state religion had a prominent role in many countries, and most citizens were expected to identify with it. Nowadays, the way in which people relate to spiritual and religious matters, is rapidly changing in Western countries. Societies have become increasingly secularized, first in Northern Europe then also in Southern Europe, as I illustrate below with some examples from my participants’ countries.

Norway -the country where I live and work -has gone through a process of secularization over the last forty years. Until 2017 Norway had a State Church (Lutheran) and Norwegian citizens were automatically enrolled as members, unless they or their parents asked in written form to be unregistered. Yet, as in other Western countries, church membership and attendance has gradually declined in Lutheran Norway (Stifoss-Hanssen, 2014).

Sweden and Denmark are considered the most secularized countries in the world, yet Denmark still keeps its official state religion and has a state “secular religion combined with almost religious secularism”(Iversen, 2006, p.75) whose values are embedded in the egalitarian structure of Danish society focusing on shared benefits and individual rights. Unlike other European countries, church affiliation in Denmark has not decreased so dramatically, and 75 % of the population are members of the Lutheran Church of Denmark, however, there is a lack of social pressure when it comes to religious involvement, (Iversen,2006). Belief, doubt or denial of God is equally accepted, and only 20% of the population consider themselves believers, yet 60 % of children are baptised (www.denmark.dk, 2019; Folkekirken, 2019).

Spain, where this dissertation is presented, similarly faces a growing secularized population, which by 2018, was together with the Netherlands, ranked third among European countries with the highest abandonment of the Christian religion (26%), just below Norway and Belgium (28%) (Abad Linan, 2018; Marirrodiga, 2016). However, Spain has the highest number of people leaving Christian participation with 12 million residents setting aside their participation in the religion (Abad Liñan, 2018). An example of these rapid changes was published by Spanish newspapers when I first wrote these words (June 2018) as they reported that Pedro Sánchez was the first president in Spain’s history to take office without any religious symbols, while former Spanish presidents were inaugurated under a crucifix and swore an oath over a Bible (González, 2018). A study by Fundación Ferrer i Guardia, Barcelona, about laicity among Spanish population in 2018 shows that 27 % of Spaniards describe themselves as non-believers, atheists or agnostics (Guardia, 2019). For younger people between 18 and 24 years old the number of non-believers and those who follow a religious tradition are similar: just above 48 %. This is reflected in the change in marriage traditions: in the whole of Spain less than 20 % chose to have a religious marriage ceremony and in Catalonia only 10 %. In 1992 the numbers were inverted showing that 79 % of Spanish marriages were religious (Guardia, 2019; Langostrina & Nuñez, 2019). By 2019 changes are also taking place in traditionally Roman Catholic countries in South America. Also in Argentina, a strong movement among people of all ages wants collectively apostasy from the Catholic church in which they were registered at birth (Centenera, 2018), and many choose their own spirituality (Hartmann,2019).

Nones, ABCs, Non-verts and SBNRs: Studies from the UK show that almost half the population is non-religious (48.6 %): also addressed as “nones” or “nonverts”, indicating those who *converted* from a particular denomination to *none* (Bullivant, 2017; Sherwood, 2017). In the UK participation in Christian denominations continuously decrease, with less religious marriages and baptisms, while Muslims and Hindus quadrupled (Sherwood, 2017; 2018). While religious affiliation is declining in the UK, a growing proportion of the population expresses an open, non-denominational identity (Sheldrake, 2017). Many among these to call themselves “ABC” (*Anything-But-Christian*)- or simply “SBNR” (*Spiritual But Not Religious*), (Drescher, 2016; Sheldrake, 2017). Elizabeth Drescher, in her book *Choosing Our Religion: The Spiritual Lives of America's Nones* (2016), describes that 25 % of USA population are “Nones” (religiously unaffiliated), who address their spirituality in idiosyncratic manners, with fluid integration of different perspectives and practices.

Lutherans and Catholics, Northern and Southern Europe. Many of the differences in beliefs and practices that one or two generations ago characterized Protestant Northern and Roman Catholic Southern Europe seem to be blurring. Not only has participation in religious institutions declined in Europe, but we are also witnessing, throughout the continent, a change in the tapestry of beliefs and practices in the form of secular or religious mixtures integrated in birth celebrations and rites of passage, marriage ceremonies and burial services (Marirrodiga, 2016; Stifoss-Hanssen, 2014). In our globalized world, through travel and different types of communication, people have access to an array of spiritual practices, integrating diverse forms of celebrating the birth of a child, a marriage ceremony or the passing of a deceased person, outside the scope of their original religion.

Another factor worth taking into account is that recently, in the Americas and Europe, abuses by religious and spiritual leaders are being disclosed almost daily, particularly within the Roman Catholic Church (Dominguez & Nuñez, 2019). But extensive abuse, sexual and otherwise, has also been disclosed among Buddhist teachers (Shute, 2018; Varvaloucas, 2017), among Jewish religious teachers (Leshner, 2014; Tabbachnik, 2017), as well as among a myriad of spiritual teachers, cult leaders and gurus. Common to these cases is that there seems to have been an intention to cover up the abuse to the detriment of the victims. Though abuses by religious or spiritual teachers is outside the scope of my work here, this dissertation is also situated within this particular context of secularization, disclosure of abuse and disillusionment that our Western societies currently traverse in 2019. The fact that so many abuse cases by powerful people and institutions are coming to light now, and that the victims are being believed and acknowledged, might be considered a change of paradigm in itself. In turn, such abuse

disclosures could be reflected in a more critical attitude to spiritual and religious organizations. However, scholars suggest that abuse in the Roman Catholic church is *not* the reason for a decrease in religious involvement among younger Spanish generations (Langostrina & Nuñez, 2019). More studies on the matter seem to be needed.

A re-sacralization at an individual level. Another characteristic of Western societies indicates that in spite of a more relaxed attitude towards organized religions, many people do acknowledge being spiritual, *but* not religious (Sheldrake, 2017; Taylor, 2017; Torralba, 2016; Walach, 2015). Some scholars suggest that in spite of a reduction of public religiosity, spirituality has moved from a public arena to an individual one where a new contact with a sacred sphere—a *re-sacralization*—is taking place at a personal level (Hognestad, 2015; Laugerud, 2012, 2011). The sacred is here understood as characterized by the qualities of “transcendence, boundlessness, and ultimacy” (Pargament, 2007, p.39).

For instance, recent surveys show that more than half of the population in the UK report having no religion (“nones”). However atheists only count about 13% of the population, and those who do not belong to organized religions seem to have spiritual interests and even some kind of spiritual practice, like meditation, prayer or pilgrimage (Sheldrake, 2017).

Complex, fluid spiritualities. Within the context of the USA, Bidwell (2018) and Drescher (2016) explain how the religious lives of a growing number of the USA’s population are increasingly complex, as well as independent from traditional religion. Bidwell (2018) in his book *When one religion is not enough- The lives of Spiritually Fluid People*, discusses the changing and evolving spiritual identities that characterize a growing number of people, not only in USA but also in other Western, postmodern societies (Bidwell, 2018). Similarly, Elizabeth Drescher (2016) in her book *Choosing Our Religion: The Spiritual Lives of America's Nones* shows that a growing percent of the USA’s population does not attach their spirituality to any organized religion, and instead call themselves with names like agnostic, atheist or “just spiritual” (Drescher, 2016).

From a Western European context there is also a growing number of people who keep and develop a spiritual dimension in their lives but dis-identify with organized religions (Sheldrake, 2017). Catalan philosopher, Francesc Torralba, in his book *Inteligencia espiritual* (2010) discusses that a spiritual dimension is experienced and expressed through different manifestations in spite of the increasing secularization. Torralba (2016) conveys an understanding of spirituality as a sacred dimension in human existence that transcends “institutions and rational definitions” (Torralba, p.66) and can therefore be expressed and understood as “secular or religious, atheist or theist, pantheist or polytheist, horizontal or

vertical” (p. 67). For Torralba spirituality is immanent in human life, experienced as “a deep connection with all what exists” (Torralba, 2016, p.66, my translation). Supported by the work of French scholars Bernard Besret, Luc Ferry and Rene Barbier and Andre Comte-Sponville (p. 65), Torralba further proposes the idea of a secular spirituality.

German scholar Harald Walach (2015), in his book *Secular Spirituality: The Next Step Towards Enlightenment*, also advocates for a secular spirituality which is neither approached from a materialist nor a spiritual positivist perspective. In a secular spirituality, Walach points out, personal experiences with a spiritual character are given attention and recognition as unique sources of knowledge that can be scientifically studied. However, Walach advises that if we start to interpret “experience and discuss the nature of its referent, we have entered the discourse of religion and theology” (Walach, 2017, p. 17). In fact, a transcendent experience or spiritual connection might manifest independently from what had been regarded as right or wrong by inherited religious traditions or by what is intellectually accepted as rational and *scientific* truth (Hognestad, 2015; Pargament, 2007; Tacey, 2004; Tarnas, 2007). Instead, within a postmaterialistic view, any form of spirituality ought to stay secular and grounded in an understanding of “consciousness as co-primary with matter” (Walach, 2017, p.17). Besides, postmaterialist scholars sustain the idea that consciousness pervades all creation and that it is not just an epiphenomenon of brain activity (Beauregard, et al., 2014; Goswami, 2016, 2004, 2000; Haramain, 2016; Schäffer, 2013; Sheldrake, 2012, Walach, 2018, Wollacott, 2017). I will refer to these views on all pervading consciousness other places throughout this dissertation.

There is an array of practices that can promote a spiritual connection and development in people independently of their spiritual identities. Common to different studies on the matter is that those who do not identify with a particular religious doctrine may also acknowledge a connection with the sacred, sometimes addressed as God, Spirit, Source or a dimension that transcends or remains immanent within our material reality (Bidwell, 2018; Drescher, 2016; Pargament, 2007; Torralba, 2016; Vieten & Skammel, 2015). Those who cultivate their spirituality without attending the ordeals of one exclusive spiritual or religious tradition may choose different spiritual paths and integrate different perspectives and practices, as illustrated by Duane Bidwell (2018), in his book *When one religion is not enough. The Lives of Spiritually Fluid People* and by Rupert Sheldrake in his books *Science and Spiritual practices* (2017) and *Ways to go beyond and why they work* (2019).

Within the intricate and dynamic contemporary societies of the Western world, it is still difficult to differentiate the concepts of spirit, spirituality, religion and religiosity since there are overlapping and diverse interpretations due to their “complex and multidimensional (...)

nature” (Hofman & Walach, 2011, p. 181). Scholars in the field caution against a narrow differentiation between religion or spirituality as well as on the temptation to put one against the other (Hill, et al., 2000). In the following paragraphs I refer to the evolution of some these constructs and their interpretation in different, situated contexts. These concepts are dynamic and evolving in a continuous process, so that a static definition would be futile (Bohm, 1996).

SPIRIT: THE BREATH OF LIFE

Exploring the notion of spirit is essential to understanding spirituality as a construct. Spirit has its roots in the Latin word *Spiritus*, meaning breath and denoting an immaterial, airy substance, that is ubiquitous in all life. In monotheistic religions divinity breathes spirit into inner matter that then becomes alive. In ancient Hindu texts, like the Vedas and Upanishads, breath and energy, also known as *prana*, are virtually synonymous (Fontana, 2003). In Spanish, we refer to taking in or expelling this “spirit-stuff” when referring to “respirar” or breathing. Likewise, we say “inspire” for breathing in, but we may also feel “inspired” to do or think something new after taking the spirit into our minds, actions or creations (Chinmoy, 1992; Fontana, 2003). In turn, “expire” means the action of breathing out, as well as “passing away” or dying, when the spirit of life leaves the body. Language tells us very concretely that we actually take in “something” when breathing in, (i.e. spirit, pneuma, energy) crucial for our life on Earth, and that something leaves our body lifeless with the last breath. Similarly, in different languages the word equivalent to spirit refers to breath and to air phenomena (*pneuma* in Greek, *Chi* in Chinese *ånd* in Scandinavian languages) as well as to a living energy referring to an energetic, non-material quality. Drawing from these characteristics, the word spirit can also denote intangible qualities such as vitality, energy, courage, or to an attitude, as in the tie

Spirit may as well refer to the quality of a certain place or period of time. The German word *Zeitgeist* (from *zeit*, time and *geist*: ghost or spirit) is used to refer to the peculiarity of beliefs and ideas that are prominent at a particular time in history. For example, the *Zeitgeist* of our time in the Western world is characterized by postmodern views contesting grand narratives (Cheek, 2000; Hughes, 1996; Kvale, 1996), increased secularization, and a search for meaning both within and outside traditional religious institutions (Drescher, 2016; Hognestad, 2015; Laugerud, 2011; Robinson, 2018; Torralba, 2016), as well as postmaterialist views that are gradually gaining ground within science (Sheldrake, 2012; Walach, 2018).

Though the word *spirit* has varied interpretations, all suggest an immaterial, incorporeal dimension. According to José Triguierinho (1993) a spiritual teacher from Brazil inspired by Theosophy, and author of more than 80 books on these matters, spirit may be used to address

different concepts, such as the soul, a transpersonal or cosmic dimension of existence, the astral body or the consciousness of a deceased person (Trigueirinho, 1993). Spirit is sometimes seen as the synonymous with “ghost,” as in the “Holy Ghost” for Christians. In Spanish, Holy Ghost translates to “Espíritu Santo” (literally “Holy Spirit”). In Norwegian, we say “Hellig Ånd,” for Holy Ghost, “ånd” meaning both “ghost,” as well as “breath,” like in “breathe in” (“inn ånde”) and “breath out” (“ut ånde”).

Many cultures have been moved by the life-giving breath of spirit with awe, which might suggest that spirituality is primordial within humans, since we are aware of being alive and of life being transient. All the living, animals as well as plants, receive the breath of life. Interestingly, in English and Norwegian, “spire” means both “to germinate or to sprout,” as well as “seedling,” growing by unfolding in the shape of a spiral, which has symbolized the soul’s growth and evolution into a transcendent dimension of eternal life in different cultures and times (Purce, 1980).

Last but not least, the word *spiritus* refers also to something concrete such as alcohol, as in spirit drinks or liquor (Fontana, 2003). Unlike the transcendent and elevating qualities of incorporeal spirit, alcohol brings the dangers of addiction and consequent suffering. This was understood by Swiss psychologist Carl Gustav Jung² who pointed that the word *spiritus* denoted both “the highest religious experience as well as for the most depraving poison” (McCabe, 2018, p. 139). For Jung alcohol dependence expressed a *spiritual thirst*, suggesting that a spiritual aspiration remained unmet. Jung’s views were later integrated by Alcoholic Anonymous (Jung, 1976, McCabe, 2018). In keeping with Jung’s perspectives, Marion Woodman (1982) in her book *Addiction to Perfection. The Still Unravished Bride: A Psychological Study* explores how contemporary men and women might express their spiritual hunger in diverse compulsive and addictive behaviors. In chapter III I return to Jung’s other contributions to the understanding of spiritual experiences.

Soul. The concepts of spirit and soul are closely connected, sometimes overlapping or used as synonyms (Oxford dictionaries, 2018). In Greek, *Psyche* is the word for soul, spirit and breath, and it gives name to disciplines such as Psychology, the study of the soul, and Psychotherapy, the treatment of the soul. Like spirit, soul is also understood as having an immaterial, breath-like quality, described as “a substantial entity believed to be that in each person which lives, feels, thinks and wills” (Online Etymology Dictionary, 2018). In Spanish,

²Jung expressed these views in a letter to Bill Wilson, the cofounder of Alcoholic Anonymous, (McCabe, 2018)

the word for soul is *alma*, from Latin *anima* or *animus* which in turn is related to the Greek *anemos*, wind, having the quality of moving air and vitality, like in Latin spirit. There are several indications of the close relationship between soul and spirit. For instance, the word *anima* lies at the root of *animal*, a living entity with its own will, that is, animated (Sheldrake, 2017). We can also say of someone or something full of life and energy: being animated or spirited (Fontana, 2003). While the word spirit has Latin roots, soul relates to *sawol* from Old English. Both refer to someone or something infused with life, a “spiritual and emotional part of a person, animate existence; life, living being” (Online Etymology Dictionary, 2018). The word *soul* has roots in Proto-Germanic languages and became *sjel* in Norwegian. In German it is *Seele*, which in the psychology literature was translated into English, not as soul, but as *mind* (Kermode, 1983). Freud, for instance, used the word *Seele* when describing dreams as being activities of the soul, and he addressed the soul’s structure – not the mind’s, but in order to introduce Psychoanalysis to an English speaking, scientific audience, the words *Seele* and *seelische* were translated as *mind* and *mental* (Kermode, 1983). Gradually, during their development in the twentieth century, the disciplines related to psyche, psychology, psychoanalysis, psychotherapy, and psychiatry, would strive to appear true to “science and its (materialistic) meta-narratives” (Walach, 2017, p.10), and detach from the ancient meaning of the word *psyche*. Spirituality was considered “a leftover from an epoch long past” (Walach, 2017, p.10), and by rejecting *psyche*’s immaterial and experiential dimensions, the *psi*-disciplines lost their soul (Hillman, 1996).

Religion: rebinding with a higher dimension. The word religion comes from the Latin word *religio*, to bind together and symbolizes to bond anew our material being with a sacred, higher dimension: the realm of a higher spirit or spiritual dimension (Oxford dictionaries, 2018). This re-connection or re-binding can be achieved through diverse bodily, mental, and spiritual practices according to different traditions (Fontana, 2003; Sheldrake, 2017, 2018). The word religion often refers to socially constructed, organized expressions practiced within a particular tradition or denomination, either within a community or alone, in private. Central to religion is that it is rooted in an established and formalized tradition that arises from a group of people with common beliefs, worship and practices concerning the transcendent. People may experience religion as externally imposed through traditions and agreements on rules and codes to be followed or like a spiritual pursuit into a wider existential dimension. Religion is therefore mainly understood as a social construct where members agree on ways to follow pre-defined principles and codes of behavior (Fontana, 2003; Koenig, 2013). Historically, individuals and groups have stretched the frontiers of their inherited religious dogmas. Yet, still today, the result

of abandoning religious demands may sometimes be sanctioned, resulting in conflict, exclusion or even death. However, human history tells of people holding views in contradiction with their family's traditions, like the Buddha or Jesus did. By going beyond the boundaries of their original faith, different individuals contributed to a wider understanding of spirituality and human existence. Below I share three examples that come to my mind which illustrate this.

Dutch philosopher Baruch Espinoza (1632-1677) introduced modern ideas on the universe and the self, contributing to the Enlightenment period, but was ostracized by his Jewish community in the Netherlands for questioning the authenticity of the Hebrew bible and other religious dogmas (Stanford Encyclopedia of Philosophy, 2018). Four hundred years after Espinoza's religious exclusion, Helge Hognestad, a Norwegian theologian, author and priest, was suspended in 1984 by the Norwegian State Church due to his openness to new spiritualities. Inspired by Eastern philosophies, Hognestad (2015) came to propose that *God is within us*, that we are *not* born as sinners, a word he avoided in new liturgies he has written (as in baptism). Hognestad has lectured and written extensively on new-spiritualities and religions in our times, and he claims that as the Buddha, Jesus could also be said to be *enlightened*. Hognestad criticized the Norwegian Church for not acknowledging contemporary spiritual expressions present in Norwegian society, however he was later allowed to continue as a priest.

Matthew Fox, then a Dominican Friar in the USA, underwent a similar process to Hognestad's and at the same time. Fox also questioned the doctrine of *original sin* and called it instead "original blessing," stressing we are not born sinners, but blessed by God's love. (Fox integrated ideas from Native American spirituality, feminist views, ecology and scientific knowledge, and he also called God "mother.") Over five hundred years after the inquisition, Fox was investigated in 1984 by then Cardinal Joseph Ratzinger (later Pope Benedict), head of the Congregation for the Doctrine of the Faith, and was eventually asked to leave the Dominican order. Fox has authored more than thirty books, lecturing extensively about *Creation Spirituality*, a perspective he founded which conveys deep respect for Nature and ecology (Fox & Sheldrake, 2014; Fox, 2018). In his views Fox integrates ancient Judeo-Christian traditions, mystical and scientific knowledge of the universe as well as Native American, Eastern and Western wisdom.

Still today, expanding spiritual perspectives and challenging organized religions might jeopardize a personal and professional position. The above examples could be relevant to keep in mind when considering how the participants—or their clients—negotiate their spiritual views with the religious traditions they have inherited or may still practice. Similarly, psychotherapists in general might have to negotiate exposure that could bring possible sanctions

by other academicians. Interestingly, one of the participants (Thom), unknowing of the process Fox was submitted to, came to name Ratzinger as Pope Benedict for being the reason why he chose to distance himself from a lifetime commitment to the Roman Catholic Church. Far from being abstract or anecdotal stories, what Helge Hognestad and Mathew Fox went through, are part of the changing contemporary context where religious and spiritual views are expressed, developed and sometimes rejected.

Conformity and belief in shared values are still demanded in order to belong to a particular religious tradition or to be seen as worthy members. To be considered faithful, or religious, members of any organized religion ought to meet at least three standards: a belief in a spiritual dimension; follow a set of rituals or practices; and comply with an ethical code of behavior in accordance with a set of rules emerging from common spiritual teachings (Fontana, 2003). Hinduism, Islam, Judaism and Christianity all attach to narratives and rules which are expressed in their own holy texts. Respectively, the Vedas, the Quran, the Torah, and the Bible indicate precise rituals that include—or exclude—members, such as baptism, circumcision, heredity rules, or family traditions.

Spirituality, religiosity and religiousness. Religiosity or religiousness refer to a commitment to a particular belief system and to the practice of different obligations within a certain doctrine (Hall, Meador, & Koenig, 2008; Pajevic, Sinanovic, & Hasanovic, 2005). Pargament writes that “historically the term religiousness encompassed what many people today would define as spirituality” (Pargament, 2007, p. 30). Some English scholars differentiate between these two concepts, others seem to prefer the use of one or the other. In Spanish, we have only one concept—*religiosidad*, likewise, in Norwegian there is only *religiøsitet*. Both religiosity or religiousness may be used to refer to devotion to a spiritual dimension in life, also outside organized religion, close to how spirituality is often understood. But we do not have words addressing devotion to a spiritual worldview. However, people may commit to, and become involved in, a spiritual search with different levels of intensity and in diverse ways.

Several studies on spirituality and health focus on how the commitment to a particular religious tradition can have an effect on health in general and mental wellbeing in particular (Koenig, 2013, 2012, 2010, Koenig, Larson, & Mathews, 1996, Pargament, 2007, 1999). Religiosity and religiousness are dynamic and situated constructs (Danbolt, 2014), and sometimes used indistinctly. A literature search on religiosity and health as well as religiousness and health showed that religious commitment was described indistinctly as religiousness (Hall,

Meador, & Koenig, 2008) or as religiosity (Pajevic, Sinanovic, & Hasanovic, 2005). Most studies select quantifiable indicators of religiousness, as regular attendance to religious practices or participating in religious services and then correlate these indicators with reported wellbeing and health (Hall, Meador, & Koenig, 2008). Quantitative approaches are useful to measure assiduity in meeting religious standards within a tradition. Similarly, much of research on spiritual commitment among psychotherapists tends to approach the level of religious involvement from a quantitative perspective, measuring therapists' devotion, practices or religiosity, service attendance and the like (Smith & Orlinsky, 2004; Smith, 1998). Within this dissertation my aim is different, since I am not after determining the participants' degree of commitment to their worldview. I wish rather to grasp nuances in their understanding of spirituality and the meanings they ascribe to it.

SPIRITUALITY AND RELIGION: SOME DIFFERENTIATIONS

In this section I discuss the different acceptances of the word spirituality and how it has developed from traditionally being considered a dimension belonging to religion or a quality expressed within the frame of a religious practice, into an independent construct as understood nowadays (Nemeckova, 2017; Pargament, 2007; Robinson, 2018; Vieten & Skammel, 2015; Walach, 2017). Still today many scholars consider “that spirituality is at the core of each and every religion”, and that it has developed through experiences of transcendental relatedness (Walach, 2017, p.10).

For a long time, spirituality was considered a small area within the vast territory of an organized religion and its different expressions (Koenig, 2013). Still today, spirituality is understood as “the experiential core of religion, probably most of the time, and in most places and cultures” (Walach, 2017, p.10). Currently, for many, religion is therefore seen as one among several possible expressions within the expanding territory of spirituality (Koenig, 2013). Different spiritual manifestations like shamanic traditions, organized religions and non-confessional practices and rituals could have a place, like an island or a lake, within the vast map of spirituality. Choosing either map, with one of the constructs including and having priority over the other, depends nowadays on the rationale, preferences and positioning adopted by the particular researcher. In the following paragraphs the reader cannot expect to be shown “the right and true map”, but rather be invited into a territory that still goes through transformations. Reflecting upon the evolution of spirituality as a construct, and considering the many tensions that it contains, may help us appreciate the participants' efforts when trying

to understand and address this concept, and even to integrate it within the developing practices of psychotherapy.

Nebulous, misunderstood, conjuring: Most authors seem to agree on “spirituality” being more difficult to define than “religion” (Fontana, 2003; Wulff, 1997). David Fontana (2003) calls spirituality “a *nebulous* concept” (p.11), Pargament (2007) acknowledges it is “fuzzy” (p. 32). Sperry and Shafranske (2005) suggest that: “Spirituality is undoubtedly one of the most *misunderstood* words in the English language. It *conjures* up images of the mystical, otherworldly, religious or New Age and it is associated with specific activities such as praying, meditation, attending church, and various religious or spiritual practices” (p. 3, my italics). Sperry’s and Shafranske’s interpretation evoke associations with obscure and superstitious beliefs, even witchcraft. After all, for these authors spirituality *conjures* otherworldly images. The associations and discomfort conveyed by these and other scholars may have contributed to spirituality still being considered a taboo within science in general (Walach, 2017) and particularly within the field of religion psychology. Some scholars demand a better definition of spirituality before it can be part of a “fruitful discussion” (Stifoss-Hanssen, 1999, p.25). Yet spirituality’s nature is dynamic and difficult to pin down.

Twenty years ago, David Wulff, author of *Psychology of Religion: Classic and Contemporary*, (Wulff, 1997) suggested that spirituality could be confusing, but he acknowledged that it had become a popular construct among psychologists and psychotherapists, due to existing prejudices against religion, particularly among psychologists. Scholarly work in later years suggests instead that psychologists and psychotherapists, do acknowledge spirituality as a wider concept that can help us understand and address spiritual concerns beyond organized religion (Smith & Orlinsky, 2004; Hofman & Walach, 2011; Vieten & Skammel, 2015; Vieten, et al., 2016; Walach, 2017).

Spirituality: some connotations in Scandinavia. In Scandinavian languages there are two words for spirituality: *åndelighet* (from *andi* -breath in Old Norse language (Det Norske Akademis Ordbok, 2018) and *spiritualitet*, a Scandinavian version of the English word *spirituality* which is popular among younger generations (Språkrådet.no, 2018). Authors writing in Norwegian may use the word *spiritualitet* or *åndelighet*, and while some ascribe the same meaning to both words, others, much like Sperry and Shafranske (2005), convey reservations about using the word “spiritualitet” (spirituality) since it could be confused with spiritism, spiritualism or other so called New Age constructs (Reme, Breggraf, Anderssen, & Johnsen, 2009; Reme, 2014; Stifoss-Hanssen, 1999). Scandinavian scholars (Danbolt, 2014; Geels & Wikström, 1999, 2006) address different spiritual and religious expressions under the

term *religiøsitet* (*religiosity*). However, it is my impression that *spiritualitet* is a word often used in everyday language by people in general, clients and therapists. I therefore wondered whether the Scandinavian participants would address *åndelighet* or *religiøsitet* when I asked them to share their understanding of spirituality (*spiritualitet*) in Norwegian or Danish. I discuss this in the Discussion chapters IX, XII and XIII.

Spirituality - still a taboo. As I tried to illustrate in the above section, spirituality as a construct has been approached in different manners, even rejected altogether. Since concepts and definitions may change in different historical and social contexts, scholars tend to choose interpretations that align with their paradigmatic underpinnings or those of a particular academic circle with which they identify. In this way an interpretative culture may be supported and consolidated, where some words are seen as nonexistent or unscientific and superstitious, too confusing and fuzzy, too private and personal, and altogether *taboo* (Sheldrake, 2012; Walach, 2017). As I discuss later, the exclusion of spirituality within scientific and psychotherapeutic circles can be understood as a form of inner censure, in a way that seems in keeping with Byung-Chul Han's understanding of self-inflicted control in order not to cross imposed boundaries (Han, 2018, 2017).

EVOLUTION OF SPIRITUALITY AS A CONSTRUCT

Historically, the words “spirituality” and “religion” have been used interchangeably or at least overlapping with each other since spirituality is also understood as the foundation of all religions, transcending any particular belief system (Bidwell, 2018; Pargament, 2007; Sheldrake, 2017; Torralba, 2016; Walach, 2015). This yearning for contact with a transcendent realm is sometimes described as our inherent potential (Schäffer, 2013) or an immanent human quality (Pargament, 2007; Torralba, 2016; Walach, 2015).

Like other concepts, the idea of spirituality has evolved with time. At the beginning of the last century, both William James (1936) and later Carl Gustav Jung (1966) wrote about religious experiences in a way similar to what contemporary scholars address as spiritual experiences or spirituality (Pargament, 2007). Kenneth Pargament in his book, *Spiritually Integrated Psychotherapy* (2007), discusses the conceptual evolution of the word spirituality referencing William James, who explained religion in his book *The Varieties of Religious Experience* (1902), as “*the feeling, acts and experiences of individual men in their solitude, as far as they apprehend themselves to stand in relation to whatever they may consider divine*” (James, 1936, p. 21). William James' definition was formulated half a century before

spirituality became understood as a concept independent from religion, around the 1960s or 70s (Nemeckova, 2017; Pargament, 2007; Robinson, 2018). Similarly, at James' time the word "men" referred both to men and women, as it did for many years later, as in Jung's *Man and His Symbols* (1968). Nowadays instead, writers are expected to use more inclusive ways of addressing gender, a transformation that has gradually been taken up in English, Norwegian and Spanish as well. Different constructs are expressed according to the historical context in which they emerge, allowing for different, situated interpretations later on.

When referring to feelings, acts and experiences as part of a religious experience, James addresses an embodied aspect of the spiritual starting with feelings that we could imagine deep in the heart that expand and mobilize the body itself into action -or *acts*. All senses seem to participate in a religious or spiritual experience -an understanding incorporated in contemporary psychotherapy approaches where a spiritual dimension is accessed through bodily sensations and expressions (Levine, 2018; Levine & Phillips, 2012; Schoch, 2005). James also suggests that a spiritual experience contains both personal and private aspects, as well as relational and transpersonal dimensions, which is in keeping with contemporary scholars' work (Grof, 2000; Mahoney, 2013; Tomlinson, Glenn, Paine, & Sandager, 2016).

William James addresses the private, personal quality of a spiritual experience when he points out that it takes place in solitude, as a direct affair without intermediaries, where people may grasp, and know within themselves what it means to be in relation to whatever they consider sacred or *divine*. This direct contact is independent from religious views yet does not exclude religion, something contemporary scholars also convey (Torralba, 2016; Sheldrake, 2017). However, this personal quality of a spiritual experience, has received little attention in scholarly work (Grof, 2000; Torralba, 2016; Sheldrake, 2017; Walach, 2015).

James explains further that in a spiritual experience, we become aware of "stand(ing) in relation to the divine," (1936, p.32 which today some scholars would call a spiritual dimension, the *sacred* or *Spirit* (Pargament, 2007; Withney, 2006). I find great power in the phrase "standing in relation" because it suggests the idea of someone who stays face to face with whatever appears as sacred, involving other persons as well as a direct relation with the sacred, like God, angels, Nature (Fox & Sheldrake, 2014; Sheldrake, 2017;2018). James ends his description of religious experience by pointing out that it is up to each person to define what they consider as divine (or sacred) which seems a radical statement for his time and a closing remark in keeping with updated, postmodern views of spirituality independent of religion

(Nemeckova, 2017; Pargament, 2007; Robinson, 2018). James' reflections appear ahead of his time -or perhaps just in time: at the dawn of a paradigm shift that would influence the understanding of spirituality later on (Walach, 2015; 2018).

My own paraphrasing of James' words in order to attempt a description of spirituality would read: *Spirituality refers to intimate feelings, actions and experiences undergone by individual persons, allowing them to recognize their interaction with whatever they consider sacred, holy or transcendent, independent of any creed or tradition.*

The relevance of direct personal experience. A personal, direct experience allows us to go beyond ourselves and to have “direct access to the structure of reality as such” (Swinton, 2001, p. 7). An experience is defined as both “practical contact with and observation of facts or events,” as well as the “impression an event or occurrence could leave on someone” (Oxford dictionaries, 2018). This quality of practical or “direct” contact with a particular occurrence and its capacity to leave an impression on the person experiencing it is a characteristic quality of spirituality, as by psychologists from the nineteenth century onwards. Richard Bucke called it “cosmic consciousness” (Bucke, 1905) and James called it a “religious experience” (James, 1936), while Jung addresses it as a “numinous” quality. These authors all grounded their descriptions in their knowledge of psychology, but fundamentally on their own personal, transcendental contact with a state of consciousness *outside of the ordinary*. In chapter III, I address more in detail James' and Jung's contributions to the subject.

Within a contemporary context, Harald Walach writes that spiritual experiences refer to “a reality that is experienced to be beyond the ego and its immediate needs” (Walach, 2017, p. 7). The importance of this direct, personal quality, at once intimate and universal, is central, both when it comes to understanding the experience of self-transcendence as well as contact with a wider dimension (Hirsh, Walberg, & Peterson, 2013). Yet, contemporary science pays little attention to direct experiences as a source of knowledge (Robinson, 2018; Walach, 2018).

Intra, inter, and transpersonal qualities of spirituality. Spirituality in its qualities and expressions can be experienced at an intra, inter, and transpersonal level (Torralba, 2016; Swinton, 2001). At an intrapersonal level, spirituality implies the search for inner connection; at an interpersonal, relational level it may unfold and be experienced within a social group or community. At the same time, spirituality can also be experienced as going beyond the material world and into transcendental dimensions (Swinton, 2001). Spirituality can also open people up to a belief in a supernatural reality and afterlife, a contact with sacredness in life and a search

for developing inner harmony (Hirsh, Walberg, & Peterson, 2013; Walach, 2017). The intention to contribute to a greater harmony with other sentient beings, as well as with nature, is often present in spirituality, and central within Buddhism (Dalai Lama, 2005; Epstein, 1995, 2001; Khandro, 2003) and in shamanic or native spiritual traditions (Harner, 1990; Villoldo, 2000). Also, contemporary scholars stress the importance of pragmatically implementing spiritual beliefs into actions that benefit other humans and Nature (Fox, 2018; Walach, 2017).

The historical and cultural context will determine the meaning given to each form of spiritual experience. Though the world around us -a tree, an animal, a mountain, the sea, other humans -has remained much the same during human existence, there is great variation on how it has been understood across different cultures and times. The way in which we think about nature, for example, is quite different now than it was fifty years ago. Ecology movements are just an example of this. Certain insects that were considered pests are now also seen as part of the ecosystem. Trees, which used to be viewed only in terms of natural resources, are now seen as the lungs of the planet and even as intelligent beings in their own way, able to experience pain, communicate with their surroundings, nurse their offspring and have memories in ways that we are just getting a glimpse of (Wohlleben, 2016). Parallel with more complex and nuanced understandings of the world around us, deeper understandings of our existence emerge that can be understood as a spiritual awakening (Fox, 2018). These are views that have given birth to Ecopsychology, a new branch of human psychology that recognizes our interrelatedness with nature and the Cosmos (Meltzner, 1995, 1999, 2009; Fox, 2018). By offering the understanding that all forms of life besides ours ought to be honored, ecopsychology has expanded psychological knowledge. Besides the intrapsychic, interpersonal and social aspects of our existence, ecopsychology includes views on our relationships with the ecological contexts that make life possible. Though these perspectives are seldom addressed within traditional schools of psychology, recognizing our interrelatedness with nature and the cosmos can facilitate a spiritual experience, a feeling of wholeness and connectedness, and promote healing (Carr, 2008, Fox, 2018, Sheldrake, 2017).

Socially constructed and evolving concepts. Our understanding of phenomena in the material world, as well as in intrapsychic and relational dimensions, is still evolving. Likewise, abstract concepts constructed through social interaction were elaborated, interpreted and implemented in particular historical and cultural contexts and are under continuous development and transformation. Spirituality and religion belong to a category of discursive, situated constructs (Foucault, 1972), showing interpretative variation over time and in different

sociocultural contexts (Danbolt, 2014; Pargament, 2007), as I tried to illustrate in the preceding pages. However, even if the concept of spirituality and what we attach to it are socially constructed, a spiritual dimension can be interpreted as an accessible transcendental realm, beyond the ego and not only as the result of human interactions (Pargament, 2007; Torralba, 2016).

TRANSFORMATIVE QUALITIES OF SPIRITUAL EXPERIENCES

Experiencing awe and wonder. *Awe* is an emotion with the capacity to move and transform us at a deep level (Bucke, 1905; James, 1936; Tacey, 2004; Walach, 2015), and it is often described as emerging in relation to spirituality. Awe accompanies an expansion of consciousness beyond the usual range of functioning, found to alter experiences, expanding time perception and improving general wellbeing, promoting altruism, and enhancing patience (Rudd, Vohs, & Aaker, 2012). Wonder and awe are part of childhood experiences but since they are not reinforced within Western culture and current education systems, they gradually fade away (McGilchrist, 2009).

Powerful events can also pave the way for the experience of awe in adult life, as was the case for astronaut Edgar Mitchell on his way back to earth from the moon in 1971 (IONS, 1973). On his return journey, while contemplating our small planet, floating in endless space, Mitchell had an epiphany that changed his life, making him concerned with inner, or *noetic* experiences. Mitchell would later found the Institute of Noetic Sciences -*IONS Institute*- in 1973 (IONS, 1973). Contact with and an awareness of the very small dimensions of the world around and within us, as well as the greatness of the Cosmos, might open the door to experiencing awe (Carr, 2008; Robinson, 2018; Tarnas, 2007; Worthington, 2012).

Wonder, awe, and a deep feeling of interconnection with other beings, as well as with nature and the whole cosmos, are common features of spiritual experiences that bring about transformative epiphanies (Hirsh, Walberg, & Peterson, 2013). Spiritual traditions and formal religions can also be transformative through collective rituals such as dances, chanting, meditation, prayer (Sheldrake, 2018,2017). Such practices may facilitate deeply personal experiences, independent of beliefs or external expectations. Here lies the transformative potential of spirituality: it develops from within the individual (Tacey, 2004) even if conveyed and given meaning through a doctrine or tradition (Sheldrake, 2018, 2017; Walach, 2017).

Symbols and rituals. A spiritual experience involves deep feelings and actions, and it activates the imagination of the experiencing person into visualizing symbols and other

representations. Jung (1961, 1968) explains how the body may urge us to create rituals, artistic expressions, movements, and other concrete manifestations to evoke or represent the spiritual (Jung understood the transformative and healing power of experiences and manifestations with a spiritual quality and he gave these a central role in his theories and clinical work (Corbett, 1996; Hognestad, 1997; Jung, 1961, 1968).

Similarly, quantum physics conveys the idea of the existence of a dimension that cannot be grasped, invisible to our senses, yet influencing and interacting with us and within us (Schafer, Handal, Brawer, & Ubinger, 2011). Ken Wilber (2000, 2001) calls this *subscendence*, not transcendence, implying an understanding that our lives enfold within and actually emerge from that transpersonal realm. However, we may be mostly unconscious of it (Baring, 2013; Dalal, 2001). Some shamanic practices as well as Yoga or Daoist exercises like Qi Gong or Tai Chi, are similarly grounded on the idea that it is possible to train a connection with this transempirical realm, to nourish ourselves from it, and to realize the potentialities that are present there (Harner, 1990; Kurtieff, 1979; Villoldo, 2000; Xiulan, 2008).

Moments understood as sacred or with a spiritual resonance. Pargament (2007) describes spirituality as a search for a communion or connection with the sacred. The experiencing of a spiritual quality often refers to a dimension in life that connects us with a greater realm, transcending this material reality, going beyond ourselves and towards an intrinsic essence within ourselves at the same time. Some authors refer to this essence as *Spirit* (Trigueirinho, 1993; 2008) or soul (Baring, 2013), while others may refer to it as ‘the divine’ (James, 1936), “a sacred realm” (Pargament, 2007) or as “all-pervading consciousness” (Dalal, 2001; Goswami, 2000). A holy or sacred quality may be experienced in relation to higher powers like God, or simply as immanent qualities or manifestations of a transcendental realm (Pargament, 2007; Pargament, Mahoney, Exline, & Shafranske, 2013; Pargament, Lomax, McGee, & Fang, 2014; Whitney, 2006).

Perceiving a transcendental or sacred quality that connects us with a deep aspect of ourselves can enable a more accepting and open attitude towards others (Hirsh, Walberg, & Peterson, 2013), though this is not always the case. Such self-transcendent, sacred moments might be part of everyday life, and sometimes could also be generated within psychotherapeutic encounters (Corbett, 1996; Pargament, 2007). Accompanying other persons’ struggles, witnessing their capacity to overcome difficulties and their ways to create new meaning in life, can open the door for both client and therapist - together or on their own - to experience a sacred quality (Pargament, 2007).

SPIRITUALITY AS AN EVOLUTIONARY PATH.

Some traditions, within what is known as *universalism*, regard a spiritual awakening or awareness of a spiritual realm as part of the evolutionary path that involves all creation: people, other living beings, planets and stars (Dalal, 2001; Wilber, 2001). Seven centuries ago Majorcan philosopher Ramon Llull ³(1232-1316) described this path as a “staircase of knowledge” depicting the possibility to develop towards a higher level of understanding (Priani, 2017). This idea of a long and continuously developing ladder or staircase is often used to illustrate how people could move upwards at diverse speeds so that individuals could be at different stages all the way up and sometimes descend as well (Wilber, 1980). The game *Snakes and Ladders* is an illustration of this spiritual ascent and descent process (Bhagat, 2016). Buddhist and other traditions similarly depict the trajectory available to us in order to bring deeper levels of understanding and to experience the spiritual nature of our existence (Khandro, 2003). The bad news is that different traditions also show that one wrong step could bring our development all the way down to the bottom of that ladder, much like the pole in a fire station.

SUMMING UP MY UNDERSTANDING OF SPIRITUALITY

Drawing on the views presented here, I could sum up my own understanding by saying spirituality involves thoughts, feelings, actions and experiences where individuals on a personal level reach an intimate connection and become aware of being in relation with a transcendent dimension of existence beyond the empirical world. Within the context of this study I also often refer to spirituality as an open attitude towards a realm beyond what we consider “material,” and accessed through our senses. Much like our innate capacity for love and compassion (Khandro, 2003; Nyima Rinpoche & Shlim, 2004), I understand spirituality as having an innate quality (Miller, 2010; Miller & Thoresen, 2003; Pargament, 2007), with the potential to manifest and transform all humans. However, the way in which we understand and relate to spiritual matters is likely to be situated and strongly influenced by our sociocultural context and may change through life. Therefore, the ways in which we relate to Spirit and how we make meaning of spirituality in our lives can be understood as socially constructed through our interaction with others (Bidwell, 2018, 2016; Gergen, 2009).

³ Ramon Llull gives name to the University Blanquerna Ramon Llull, Barcelona, where this thesis is presented.

CHAPTER III: HISTORICAL PERSPECTIVES ON SPIRITUALITY
AND PSYCHOTHERAPY

SPIRITUALITY AND MENTAL HEALTH: A CONTEXTUALIZATION

In the previous chapter I presented key concepts as spirituality, religion and religiosity and discussed why I chose to use the construct of spirituality within this study. I also shared my own understanding of spirituality as both innate, transcendent and socially constructed.

In this section I address historical aspects of the intersection of spiritual views and psychological healing. I do this by starting with the first therapists of Ancient Egypt—the *Therapeutae*—from which we inherited our professional name. I do so because in my opinion, understanding our own history as individuals, social groups and professional collectives can help us make meaning of our current situation from a broader perspective, inspiring us to find future strategies where spiritual perspectives are re-acknowledged (Tarnas, 2007). It is with this perspective that I discuss Sigmund Freud’s hostility towards religion and how these influenced different psychotherapy schools outside psychoanalysis. I also address how Carl Gustav Jung contested Freud’s views on religion and discuss some of Jung’s views and their relevance for clinical work. I take time in explaining Jung’s views since these are more attuned with a spirituality-oriented psychotherapy which will be taken up in the discussion chapters.

Spiritual and religious roots of psychotherapy. Alongside the history of humanity, the healing arts have been closely intertwined with spiritual and religious traditions and practices (Koenig, 2013; Leloup & Boff, 1997; Sperry & Shafranske, 2005). Similarly, psychological dimensions of healing were integrated within physical and spiritual interventions and still are today within Tibetan Medicine, Indian Ayurveda, Chinese Medicine and in different shamanic approaches (Dalai Lama, 1999; Maitreya, 2001; Nyima Rinpoche & Shlim, 2004; Xiulan, 2008). In the Western world, medical and psychological care became divorced from spiritual traditions, at the end of the nineteenth century (Koenig, 2013).

Healing arts and spiritual traditions: Therapeutae of Ancient Egypt. Even today, the very word psychotherapy carries the connotation of spiritual healing, since it literally means *care of the soul*. As discussed in Chapter II, *Psyche* means soul or breath in Greek. The *therapeutae* of Ancient Egypt were committed to the care of the body and the soul, as described at the first century of our Era by historian Philo Judeus of Alexandria (25 BCE–50CE) They lived in monastic communities congregated around lake Mareottis in Alexandria and were present in other places of the Hellenic empire (Brown, 2006; Leloup & Boff, 1997; Philo, 2018). Philo referred to the Greek word *therapeuou*, “to heal” or “attend” when describing the *therapeutae* (male) and *therapeutrides* (female) were considered better healers than those who only focused on the body, since they provided healing to “souls which [were suffering] terrible and almost incurable diseases, which pleasures and appetites, fears and griefs, and

covetousness, and follies, and injustice, and all the rest of the innumerable multitude of other passions and vices, have inflicted upon them” (Philo, 2018, p.1). The *therapeutae* and *therapeutrides* seem to have addressed the similar ailments to those we nowadays understand as mental struggles or psychological problems. They were also described as serving sacred laws of the “living God” and instructed by Nature. Philo writes that they assisted the sick while behaving as if filled with “heavenly love” and enthusiasm, committed to bringing light to the souls of those who were “blind”: not being able to *see* the true cause of their ailments (Philo, 2018, p.1). At that time, the Hellenic empire converged in Egypt gathering knowledge from Hellenic cults to Healing god Asclepius, ancient Egyptian traditions, as well as early Buddhist knowledge that reached Egypt through commerce under Indian King Ashoka, who supported the expansion of Buddha’s teachings, so some authors suggest that the first therapist might have been influenced by Buddhist views (Brown, 2006).

Buddhist teachings aimed to heal the mind. The main goal of Buddha’s teachings, or *Buddha Dharma*, is to understand and transform the mind in order to help us conquer negative emotions that cause suffering in our lives (Epstein, 1995, 2001; Goleman, 2004; Nyima Rinpoche & Shlim, 2004; Tsering, 2004). Through the centuries, Buddhist scholars have continued to develop perspectives and techniques aimed to promote mental and physical wellbeing (Dalai Lama, 1999). Alan Watts (1999, 1961) considered Buddhism more as a form of psychotherapy than a religion because of its emphasis on promoting psychological growth and mental stability. However, Buddhist teachers stress the spiritual dimension of Buddha Dharma, which mind-healing potential receives attention from scientists, philosophers, psychologists and psychotherapists 2000 years after the first *therapeutae* of Egypt.

In the last fifty years or more, scholars from the fields of neuroscience, physics, psychology, psychiatry and education have acknowledged the positive effects of contemplative practices like meditation and other mindfulness practices, present in Buddhist and Indian Vedic teachings (Kornfield, 1993; Sheldrake, 2017). Scholarly work indicates that different mindfulness practices might improve bodily health and facilitate psychological wellbeing, and have therefore been welcomed as a non-intrusive and cost effective intervention for an array of psychological struggles such as depression and anxiety, as well as for coping with physical pain and other bodily challenges (Epstein, 1995, 2001; Goleman, 2004; Nyima Rinpoche & Shlim, 2004; Sheldrake, 2017).

Jewish Kabbalah and the origins of psychotherapy. Sigmund Freud was a secular Jew and he did not acknowledge any religious or spiritual influence towards psychoanalysis, however, psychotherapist Sanford Drob (2004,1998) suggests that Freud might have been

acquainted with some forms of mysticism and spiritual guidance by Jewish rabbis as well as dream interpretation, central in the Torah (Drob, 2004, 1998). Among other extended esoteric practices within Judaism in Freud's time, was particularly the Lurianic Kabbalah, which methods aimed to improve the life quality and promote healing of the individual soul, as well as the world around (Drob, 2004, 1998; Saban, 2015). The original Kabbalah seems to have originated in the twelfth century in southern France and Spain and extended East after the Jewish diaspora following the Inquisition. Some centuries later, the Kabbalah became revitalized through the Lurianic Kabbalah which aimed to restore the world by reawakening the spark of light in the soul of each person. Dialogue is central to the Kabbalah, together with a "therapeutic attitude...necessary to bring about *Tikkun ha-Olam*, the restoration and emendation of the world" (Drob, 2004, p. 4). Drob sums up a few principles to be followed by the Kabbalist rabbi, which are similar to those expected from psychotherapists:

- (1) the importance of self-contraction as a condition for creativity in self and others, (2) the supremacy of questions over answers, (3) the infinite number of meanings present in every text and event, (4) the multiplicity of perspectives necessary for a complete description of the world, (5) the interdependence of presumably opposing ideas (*coincidentia oppositorum*), and (6) the need for a compassionate reconciliation of judgment with kindness. (p. 5)

The Kabbalist rabbi was expected to listen to a disciple without becoming personally involved, to ask exploratory questions if appropriate, and to uphold a neutral attitude similar to that which Freud advised psychoanalysts to adopt (Drob, 2004). The goal of the dialogue in the Kabbalah is always to allow for the soul spark in the disciple to be reawakened in order to promote the full realization of his or her full potential, Drob explains. Though the Kabbalah is not a therapeutic method per se, it was later developed into an approach similar to psychotherapy by Hasidism, a Jewish movement which originated in the eighteenth century in Central Europe, in the same geographical area where Freud was brought up within a religious family. Drob therefore suggests that Freud can be expected to have known about Kabbalistic and Hasidic views and practices working for "the liberation of the divine sparks or energy within one's own soul and within that of the people and objects one encounters involves treating both oneself and others in a manner that fosters their creative self-realization, thereby allowing their sparks [of energy] to emerge and develop" (Drob, 2004, p. 5). These Kabbalist views condense those of a therapeutic attitude, according to Drob.

Freud had good reasons to avoid any reference to Jewish Mystical traditions, given the persecution of Jews in Central Europe during his lifetime, which later drove him and his family to London (Behling, 2006). In the following sections I introduce relevant aspects of Freud's background that can explain the negative views on religion that characterized psychoanalysis, and which later extended to other psychotherapy schools and practices for most of the twentieth century (Pargament, 2007; Simmonds, 2004, 2006; Walach, 2015, 2017).

FREUD'S HOSTILITY TOWARDS RELIGION.

Sigmund Freud, the founder of psychoanalysis, was born in 1856, and grew up in Austria as a member of a discriminated Jewish minority within a predominant Roman Catholic environment. Freud's ideas about religion developed within this particularly cultural and historical context. Like many thinkers of his time he was influenced by secular views from the Age of Enlightenment and distanced himself from any religious faith (Behling, 2006). Freud dismissed his family's religious traditions and rituals, while searching to attain a neutral, scientific objectivity: he kept a rigorous secularity until his death. His wife Martha was not allowed to light the Shabat's candles, an important obligation for married Jewish women, which she did right after Freud passed away in 1939 (Behling, 2006).

We ought to keep in mind that when Freud developed his theories, spirituality was *not* a concept independent of religion. As I discussed in chapter II, the differentiation between religion and spirituality took place in the '60s and '70s, after psychoanalysis was well established (Pargament, 2007; Nemeckova, 2017; Robinson, 2018). Freud referred often to religion as an illusion and considered it an expression of the neurotic need to adapt to society, ascribing it a control function over the world of the senses (Freud, 1927). Freud compared religion to infantile neurosis and considered it had a transitory function in human evolution, pointing out that civilized persons undergo a process where they are expected to traverse neurosis in order to complete the transition from childhood to maturity (Freud, 1956). Freud suggested that like individual neurosis, religion too is to be overcome in order to accomplish individual and collective maturity (Freud, 1939). Freud wanted psychoanalysis to be acknowledged as a scientific method to treat patients suffering from mental illness, particularly neurosis, which he understood as an endemic illness affecting all humans to a greater or lesser degree. Psychoanalysis understood neurotic complaints as the consequence of family conditioning, and more generally, as the result of the process of civilization itself, as he illustrates in *Civilization and its Discontents* (Freud, 1930).

Psychoanalysis influenced other psychotherapy schools. Even though this dissertation is not situated within a psychoanalytic frame, it is important to keep in mind that Freud was active in determining not only the role of psychoanalysts but also in giving shape to the role and attitudes of psychotherapists in general (Pargament, 2007). Based on his theories and practice, Freud elaborated technical recommendations on clinical work, that later would be incorporated by other psychotherapy schools. Among his recommendations on the technical implementation of the psychoanalytic method, Freud suggested that psychoanalysts should maintain an “evenly suspended attention” in the face of whatever is said, refraining from any directive attitude, and even avoiding taking notes. Freud also recommends that psychoanalysts should keep a neutral attitude, similar to that of a surgeon pursuing an operation, when interacting with clients. The psychoanalyst was expected to remain affectively uninvolved with the patient and was required to keep an emotional distance in order to protect her or himself from being overwhelmed with personal emotions in order to better help the patient ⁴ (Freud, 1912). The psychoanalyst was also expected to abstain from sharing personal information with the patient in order to enable the *transference* to develop which was fundamental to his approach. In Freud’s recommendations we recognize parallels with the attitudes expected of the Kabbalistic rabbi, as explained above (Drob, 2004) and still are expected to be kept by most psychotherapists.

RELIGION EXCLUDED FROM MODERNIST PSYCHOTHERAPY

In the effort to establish psychology as a new, objective science, Freud’s negative views towards religion would expand to different psychology and psychotherapeutic schools (Pargament, 2007; Walach, 2015). This hostility has permeated psychotherapy literature, practice and research for most of the twentieth century, and shared scholars and practitioners from different psychotherapy schools, with few exceptions (Hofman & Walach, 2011; Pargament, 2007). Even those opposing psychoanalysis, like Ellis, Skinner and their followers, distanced themselves from religious beliefs and practices (Pargament, 2007). Albert Ellis, an influential psychotherapist from the USA expressed his hostility towards religion in a book called *The Case Against Religion: A Psychotherapist’s View* (1980) where he describes religion as masochistic, promoting inhibition and guilt (in Pargament, 2007). Further, Ellis (1980) states a view representative of many twentieth century psychotherapists:

⁴ (e) “I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skillfully as possible”. (Freud, Recommendations to Physicians Practising Psycho-Analysis, 1912, p.4-5)

Obviously the sane and effective psychotherapist should not go along with the patient's religious orientation and try to help these patients live successfully with their religions, for this is equivalent to trying to help them live successfully with their emotional illness. (p. 15)

As a consequence of such negative attitudes, religious and spiritual matters were for a long time excluded from both theoretical and technical approaches within psychotherapy, while spiritual concerns were often seen as indicators of pathology (Larsen, 2013; Pargament, 2007; Simmonds, 2006). For psychologists and other academically trained psychotherapists, addressing spiritual matters and attending to the spiritual interests of their clients could be considered a possible source of compensation, maladaptation or even pathology, and at least an indication of an unscientific mindset. Only one or two decades after Ellis's vehement declaration against religion, several scholars would contribute to the turn towards the inclusion of spiritual and religious themes within psychotherapy and psychiatry. For instance, Lukoff, Lu, and Turner et al. (1992) pointed out that until its third edition, the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* only referred to religion in a "consistently negative" manner, ascribing to Freud's influence the "tendency to associate spiritual experiences with psychopathology" (Lukoff, Lu, & Turner, 1992, p. 673). Thanks to Lukoff and his co-workers' advocating for a more nuanced portrayal of religious matters and mental health, the 1994 edition of *DSM (DSM-IV)* presented a revised, more inclusive perspective that was maintained and expanded in later editions (Simmonds, 2004).

For most of the twentieth century spirituality has arguably taken the place that sexuality held in Victorian times, and gradually spiritual concerns were omitted or eclipsed from life in general (Lorimer, 2017a). Spirituality moved into the obscure sphere of religious dogmas and irrational beliefs and were therefore set outside the illuminated field to which scientific psychology aimed to belong (Pargament, 2007; Simmonds, 2004; Walach, 2017). Instead, the work of Carl G. Jung (1966, 1961, 1968) acknowledged a spiritual dimension in human life and recognized its healing potential. In the next section, I discuss Jung's integration of a spiritual understanding within psychology.

ACKNOWLEDGING THE SPIRITUAL: CARL GUSTAV JUNG

Jung's work is seldom acknowledged in contemporary studies on the inclusion of spiritual matters and spirituality, though he early included a spiritual perspective into his theories on the human psyche and his approach to psychotherapy (Corbett, 1996; Jung 1969, 1968, 1966, 1961). Jung's views are important in understanding some of the participants'

contributions, as I discuss in chapter XII. But first we must return to Freud's wish for psychoanalysis to be a universally acknowledged science, not a Jewish endeavor. The young Swiss psychiatrist Jung, a priest's son, and the elderly Freud shared a mutual admiration, and Freud envisioned that brilliant Jung would succeed him as leader of the Psychoanalytic Society (McLeod, 2014).

Jung also distanced himself from his religious Christian upbringing, but unlike Freud, he recognized a *religious* dimension as inherent in human life. However, Jung thought that organized religion did not nourish a person's spiritual needs. We could again wonder whether Jung would have used the word *spiritual* instead of *religious*, but at his time these two constructs were not differentiated (Nemeckova, 2017; Robinson, 2018). In his autobiographical book *Memories, Dreams Reflections* (1961) Jung conveys how his father's vitality and spiritual search were turned off by his own limiting religious beliefs as well as by the burdens of being a priest. Instead, Jung acknowledged his mother's interest in spiritualism and even claimed to have inherited some of her clairvoyant abilities (Dunne, 2015). Throughout his life, Jung remained open to unconventional sources of inspiration that were rejected by scientific views, such as alchemy, the study of symbols, rituals, and mandalas. He devoted himself to studying the Kabbalah and occultism, as well as spiritual traditions from cultures outside Europe, to name a few (Dunne, 2015; Tarnas, 2007). Jung also acknowledged the existence of non-ordinary or expanded consciousness phenomena such as telepathy, synchronicities and other so-called paranormal or *psi* phenomena (Dunne, 2015; Jung, 1961). Jung's position was strongly influenced by Kant and close to William James (Tarnas, 2007). Jung was not a relativist, yet he showed an open-minded curiosity, a strong will and a capacity to go beyond religious limitations and cultural and scientific dogmas (Corbett, 1996; Tarnas, 2007). I identify with Jung's work and refer to it along this dissertation.

As a child of the Enlightenment, Freud held positivist views while Jung belonged to a younger generation and stayed open to other sources of knowledge throughout his life (Corbett, 1996). Among other themes, Jung conceptualized and worked profusely with dreams and symbols, the *numinosum*, the collective unconscious, synchronicities and the archetypes, particularly the shadow or unacknowledged side of the personality (Corbett, 1996; Jung, 1961; 1968; Tarnas, 2007). Jung's theory on the collective unconscious and his direct experiencing of the numinosum are particularly relevant to this dissertation. Additionally, Jung's acknowledgement of a transcendental, spiritual and collective dimension fits well with our postmodern world where there is a growing interest in bridging science and spirituality (Keepin, 2009; Sheldrake, 2017; Walach, 2018) and integrating both within mental health practices.

The collective unconscious. To start with, Freud and Jung shared an interest in the unconscious which Freud understood as a personal, individual storage of repressed material (Corbett, 1996; Tarnas, 2007). However, before meeting Freud and quite independently from him (Shamdasani, 2003), Jung had developed the idea of a two layered unconscious, which was grounded in his own clinical work and studies of Eastern philosophies. Jung understood the unconscious as having an individual reservoir of personal repressed unconscious memories, similar to what Freud also proposed, along with a larger, transpersonal or collective layer shared by all humanity, where memories from our common biological ancestors, not only humans, were stored (Corbett, 1996). Jung's idea of a collective or transpersonal unconscious is close to that of *Alaya-vijnana*, (Sanskrit: "storehouse consciousness") which is central in Mahayana Buddhism, a spiritual and philosophical tradition that Jung studied extensively (Moacanin, 1988). Jung was also influenced by Chinese philosophy and particularly the *I Ching* (Ritsema & Sabbadini, 2003) where a transpersonal dimension is also acknowledged (Dunne, 2015; Tarnas, 2007). Besides, Jung borrowed the Sanskrit concept of *mandala* (circle) from Tibetan Buddhism, used as a circular depiction of a personal and transpersonal transformation (Hognestad, 1997; Moacanin, 1988). Jung's innovations on psychoanalytic concepts and theory disappointed Freud, but a major schism between them was caused by their different views on the function of the libido (McLeod, 2014).

Libido and creativity: Jung's break up with Freud. Freud considered the libido to be sexual energy searching for gratification. Jung would develop this understanding of the libido as not only sexual, but a form of generalized psychic energy that could bring conflict reduction and promote creative, intellectual and spiritual inspiration (Freud, 1956; McLeod, 2014). Unable to accept any expansion and redefinition of psychoanalytic theory, Freud broke all contact with Jung in 1913.

SOME OF JUNG'S RELEVANT CONSTRUCTS

Bereaved by their distancing, Jung was left in great psychic suffering, but he would learn important lessons of a spiritual character, particularly through personal encounters with a divine presence: the *numinosum* (Jung, 1961). These spiritual experiences became central to Jung's understanding of the psyche, and were integrated into his psychology theories and psychotherapeutic approach (Corbett, 1996). Jung was also interested in Gnosticism (Dunne, 2015) and went into depth exploring and describing his encounters with the *numinosum* in *Seven Sermons to the Dead* (Jung, 1961) and in *The Red Book* (Jung, 2009). Grounded in his

personal experiences, Jung came to acknowledge the therapeutic potential of the *numinosum* within the therapeutic process, (Corbett, 1996).

The numinosum: direct experience of the divine. For Jung, religion, though not in the form of organized religion or a creed, implied “a careful and scrupulous observation of what Rudolf Otto termed the numinosum, that is, a dynamic agency or effect not caused by an arbitrary act of will” (Jung, 1973, p.7). The *numinosum*, understood as divine approval, is a relevant construct when trying to understand spiritual experiences and manifestations. Otto, in his book *The Idea of the Holy* (1958) (cited in Jung, 1973, p. 22), integrated the Latin word, *numen*, meaning “a god,” with the verb “*nuere*, to nod or beckon” (Corbett, 1996, p. 11). The *numinosum* is characterized by being accessed only through direct experience and cannot be defined or reduced to an intrapsychic mechanism (Corbett, 1996). Jung used this to refer to the mysterious, manifold and surprising manners in which the divine may manifest, even in frightening ways. For Jung, a numinous experience allows direct contact with the transpersonal Self, a region of our Psyche going beyond individual personality, which includes the transpersonal unconscious of humanity and the whole cosmos (Tarnas, 2007).

Corbett (1996, p. 15) explains that the *numinosum* may manifest in six ways: in dreams, waking visions, bodily experiences; through contact with Nature; through creativity or aesthetic experiences; and in the form of synchronicity within a personal or therapeutic relationship. The latter is particularly interesting within this dissertation since I looked forward to learning whether some of the participants’ or their clients’ experiences had a numinous quality. I explore this when discussing the findings in chapter VIII, IX and X.

The Psyche’s search for wholeness. Inspired by the work of William James (James, 1936) Jung understood spirituality as being central to the human psyche or soul, and the search for the soul’s expressions and wisdom became central in his life. Jung understood the psyche as primordially religious and having an ultimate spiritual goal (Corbett, 1996; Hoeller, 1982). Therefore, most of the concepts Jung worked with addressed spiritual qualities of the human psyche and its diverse manifestations. Jung also acknowledged that we have a higher, larger Self which includes personal characteristics as well as an internal image of God and the realization of the presence of a higher, transcendental consciousness that belongs to us all: *the collective unconscious*. (Jung, 1966). The psyche is drawn towards wholeness and wants to integrate fragmented or partial selves into the whole: the Self. Jung called this process the “individuation”, meaning a search for an un-divisible quality contained within us (Jung, 1973). In its individuation journey the psyche may be aided by different activities and reflections that promote wholeness, such as spiritual and religious practices, the study of dreams,

understanding synchronicities, as well as concrete symbolic expressions like art and rituals (Hoeller, 1982; Jung, 1961). Jung studied the transformational power of symbols and integrated knowledge from diverse spiritual traditions and from his own personal experiences into his psychological theories (Jung, 2009, 1968, 1966, 1961). Many of Jung's perspectives have ultimately been incorporated within therapies focused on stimulating creativity, and those which acknowledge the healing potential of dreams, symbols and rituals (Hognestad, 1997)

The Persona and the Shadow. Jung developed the idea of the *persona* - from the Greek *mask* -, and understood that there is a hidden, repressed part lying behind the outer mask of our personality which he described as:

the shadow, is that hidden, repressed, for the most part inferior and guilt-laden personality whose ultimate ramifications reach back into the realm of our animal ancestors...If it has been believed hitherto that the human shadow was the source of evil, it can now be ascertained on closer investigation that the unconscious man, that is his shadow, does not consist only of morally reprehensible tendencies, but also displays a number of good qualities, such as normal instincts, appropriate reactions, realistic insights, creative impulses etc. (Jung, 1969, p. 422 & 423)

Jung proposed that the persona is the mask that we present to others that covers the shadow deep within our identity which remains for the most unknown to ourselves unless explored through deep personal work. In his work with himself and others, Jung understood the potential of acknowledging and working with the Shadow in the process towards integration and wholeness (Corbett, 1996).

The archetypes. According to Jung, the transpersonal Self encompasses the totality of the psyche and is a source of different "deep intrapsychic structures known as archetypes," (Corbett, 1996, p. 15). Jung understood archetypes as grounded in biological strata, and as "principles of intrapsychic organization (that) not only produce exotic dream images...[but also]...affect development, structure relationships and produce archetypal transferences" (Corbett, 1996, p. 15). Archetypes may manifest in unlimited ways and some appear to be universal and recurrent: namely the *Hero*, the *Trickster*, the *Savior*, the *Shadow*, yet any person can experience a completely idiosyncratic archetype (Hognestad, 1997; Tarnas, 2007).

All numinous or archetypal experiences are characterized by a strong affective activation, whether this takes place specifically within a therapeutic context or naturally as a part of general development (Corbett, 1996). By the type of affects brought to the scene by the *numinosum* it is possible to identify which archetype is being activated, which in turn can be

relevant for spirituality to develop at a personal level, as well as within the frame of a spiritually oriented psychotherapy (Ibid.). Independent of the modality in which it manifests, powerful spiritual or numinous experiences have an effect on the intrapsychic structure, either by helping to build it up, or by altering it, and can therefore bring about personality changes (Ibid.). Through this process the unconscious is under gradual pressure and expresses itself through different means such as dreams and symptoms, which might symbolize a stretching towards higher levels of consciousness or spiritual realms (Corbett, 1996; Hognestad, 1997). The idea of symptoms being a symbolic expression of the Psyche reaching out for healing and wholeness is central in Jung's work. Unfortunately, psychotherapy interventions aimed to quickly eliminate symptoms disregard their potential for creating meaning for the person suffering the symptoms, since the interaction of the numinosum with symbols, symptoms and transpersonal archetypes, might promote healing (Corbett, 1996; Jung, 1961, 1968).

Depth psychotherapy can facilitate direct contact with spiritual or numinous experiences; however, these could remain unrecognized due to lack of awareness on the part of both therapist and client, leaving aside many possibilities for growth and transformation (Corbett, 1996). Within this inquiry I have therefore invited the participants to recall a moment with a special spiritual quality, which could be addressed as numinous or sacred, in their interactions with clients.

Synchronicity: a-causality and healing potential. While direct experiences of a spiritual, sacred or numinous quality can bring psychic activation and facilitate healing, remarkable coincidences can also have a powerful, transformative impact on the individual, and sometimes be also part of a numinous event (Jung, 1961). This is another of Jung's major contributions to depth psychology, namely "the theory of synchronicity"—from *syn* and *chronos*, meaning "at the same time" (Burns, 2011). Jung studied and developed the idea of *synchronistic phenomena* (Burns, 2011), and he shares many examples of such remarkable coincidences. One of his most well-known examples is his story of a patient telling him about a dream where she received a golden scarab as a present, while she was telling him this story, they heard a tapping on the window and when Jung opened it, a golden green insect resembling a scarab flew into the room. Jung then handed the scarab to his patient, an intellectually gifted woman who struggled to relate to her own emotions and feelings due to her rational way of relating to life, and who after this event would gradually make progress in her psychotherapy (Jung, 1961, Tarnas, 2007).

Jung and the Twelve Steps. As discussed earlier, Jung's views have inspired interventions in treating addictions, like the Twelve Steps approach used by Alcoholics Anonymous (McCabe, 2018), where addicts are encouraged to focus on "a higher power" in whichever way they conceive it (Arnaud et al., 2015). According to Jung a spiritual approach to life could help against the enslaving poison of "spirituous beverages," suggesting that "the helpful formula therefore is: spiritus contra *spiritum*" (Jung, 1976, pp. 623-624), meaning that a higher power or spirit could work against the spirit of alcohol (Arnaud et al., 2015). Jung's views were integrated into the development of Alcoholics Anonymous (AA), and he encouraged AA's founders⁵ to contest unsuccessful conventional medical approaches by highlighting the spiritual dimension within AA's interventions. Substance dependence then became part of a spiritual journey towards transformation and individuation (McCabe, 2018).

Jung excluded from academia. Despite his contributions to Depth Psychology, Jung's work has received scarce attention within academic psychology, probably due to his interests in occult studies, astrology, and other matters that psychology as a science still distances itself from (McLeod, 2014). However, another reason for Jung's exclusion from academia might have been his anti-Semitic views. Contemporary Jungian analysts have acknowledged the need for questioning and reparation of some of Jung's personal views in order to fully integrate his contributions to psychotherapy (Samuels, 1994). Though Jung's work was left outside academic psychology studies, transpersonal psychotherapy approaches address Jung's idea of the collective unconscious. I discuss transpersonal psychology in detail in next chapter (p. 90).

Transdisciplinary approach. Jung's approach to psychology was transdisciplinary: he integrated into his theoretical perspectives knowledge from Eastern philosophies, alchemy, art, and science, and was particularly interested in the advances within Physics in his time (Burns, 2011; Tarnas, 2007). Jung became acquainted with the then young Albert Einstein, showing interest in how his relativity theory of time and space could explain psychological phenomena (Burns, 2011). Later Jung would develop a working collaboration with Quantum Physicist Wolfgang Pauli, and they both came to influence each other's conceptual work, particularly about mind-matter correlations or psychophysical correlations giving place for the appearance of synchronistic phenomena where mind or spirit seems to influence events in the material world (Atmanspacher & Fuchs, 2014; Donati, 2004).

In synchronicity psychological and physical events interact in a way that is meaningful for the person undergoing an experience with a peculiar form of causality known as "an acausal

⁵ AA's founders were Bill Wilson and Bob Smith (McCabe, 2018),

connection”, a different causality than the one provided by Newtonian physics (Burns, 2011). The idea of synchronicity cannot be explained from a materialistic standpoint and remains contested by many scientists however, it is accepted among post materialist contemporary scientists (Radin, 2013, 2006; Sheldrake, 2012; Schäffer, 2013; Schwartz, 2014). Pauli and Jung attempted to develop “a unifying theory that would allow interpretation of reality as a psycho-physical whole” (Burns, 2011, p 1), suggesting that synchronistic phenomena indicated “an underlying unity of mind and matter, subjective and objective realities” (Burns, 2011, p.2). Quantum Physics and Quantum Field Theory validate synchronicity as a construct explaining the influence of a larger consciousness, particularly behind non-local entanglement and psi phenomena (Radin, 2013, 2006; Sheldrake, 2012).

For Jung synchronicities were more than “unexpected pattern(s) of meaning...representing mere chance or coincidence” (Tarnas, 2007, p. 51), since they appear in unexpected ways as circumstances having a personal significance within a particular context or with respect to a certain issue of concern. As in the case of different expressions of the unconscious, such as dreams and psychological symptoms, Jung understood that synchronicities also seemed to promote psychic healing “compensat(ing) the conscious attitude and mov(ing) the psyche from a problematic one-sidedness towards greater wholeness and individuation” (Tarnas, 2007, p. 55). As such, synchronistic events are not spiritual per se, but might have the potential to transform the world view of the experiencer by bringing new perspectives that could promote psychological growth (Tarnas, 2007). Unexpected events appearing as meaningful coincidences, may relate to particular themes in the context of therapy sessions, and if attended to could be given meaning by therapist and client within the process of healing and transformation (Tarnas, 2007).

Jung followed the advances in theoretical physics, thinking these could provide for scientific support to his theories on synchronicity (Burns, 2011; Tarnas, 2007). Also, staying attentive to scientific developments in his time, until his final days Jung remained open to and explored different manifestations of consciousness, parapsychological phenomena, mysticism and astrology. Jung continued to cultivate spiritual interests and curiosity within himself and supported his clients in their search for spiritual and creative development.

A NON MATERIAL PARADIGM IN SCIENCE

In the following section I discuss how contemporary scientists approach spiritual matters from a non-materialistic view of science: a perspective informing some

psychotherapists who integrate a spiritual perspective in clinical work (Grof, 2000; Jung, 1973; Vieten, 2013; Vieten & Skammel, 2015; Vieten, 2017; Walach, 2017).

The spirit of the time or *Zeitgeist* influences how we understand the world around us and our deeper psychological processes. The ideas that dominate at each time of history constitute a paradigm, meaning the “patterns or stories around which we understand and constellate phenomena around us”, and which determine how we interpret our reality (Tarnas, 2007, p. 15). With time, the dominating thought patterns fluctuate, so humanity has gone through several changes in worldviews, known as *paradigm shifts* (Kuhn, 1970; Russell, 2002).

The mind of the human subject determines what is being paid attention to and how an object is interpreted, yet the patterns behind the interpretation of phenomena are often taken for granted, remaining unrecognized (McGilchrist, 2009). Most people are unaware of operating under a particular paradigm which in turn influences how we understand and value the world around us according to a set of dominating views which are projected into what we perceive and study (Tarnas, 2007). All human endeavors are influenced by the dominating paradigm of the time, including scientific thought which, far from being neutral, operates under different perspectives until new knowledge and theories change how people consider their own lives and the world around them (Kuhn, 1970; Russell, 2002). Changes of perspectives have taken place many times in human history, like when it was understood that the Sun, not the Earth was the center of the planetary system; when Freud explained that most of our lives remains unconscious and inaccessible for ourselves; or when Darwin introduced the theory of the evolution of the species (Russell, 2002). To start with, these new ways of understanding reality were accepted and internalized by only a few, and later by a larger number of people, until nowadays when such views are taken for granted (Russell, 2002). Similarly, the advent of Quantum Physics (QP), at the beginning of the twentieth century, also introduced a new paradigm, proposing the idea that energy is all there is, and that matter is not solidly static, but continuously changing from a wave to a particle state in a continuous process (Bohm, 1996; Schäffer, 2013). With few exceptions, notably the work of Carl Gustav Jung (1973) and Stanislav Grof (2000), most of our understanding of psychology and psychotherapy has not integrated perspectives from Quantum Physics. Psychology and psychotherapy appear to be still informed by the Newtonian paradigm which though appropriate to some phenomena, offers a limited and often mechanistic perspective of human processes and psychological causality (Jung, 1973). Our understanding of ourselves and our surroundings continuously evolves and expands until gradually we reach a level of knowledge that demands a readjustment of old perspectives (Walach, 2018).

Richard Tarnas (2007) suggests that many of the scientific advances we take for granted required taking a great step, not only intellectually but also spiritually, since they demanded a leap of consciousness in order *to be able* to accept and integrate different sets of values and perspectives: that is, a new paradigm. Tarnas suggests that understanding the Earth as just another planet, travelling through the immense cosmos, must have impacted “the mind and spirit with an awe seldom known in human history” (Tarnas, 2007, p. 5). Tarnas invites us to reflect on how the Heliocentric discovery came to affect human consciousness and reminds us that we often overlook the great spiritual importance of discoveries made during the Scientific Revolution. “*The early scientific revolutionaries perceived their breakthroughs as divine illuminations, spiritual awakenings to the true structural grandeur and intellectual beauty of the cosmic order*” (Tarnas, 2007, p. 5). Changes of paradigm leave old knowledge obsolete and require that individuals and groups change their perspectives and worldviews in a way that implies a transformation of consciousness itself (Tarnas, 2007). From the last part of the twentieth century, different disciplines, including psychology and psychotherapy, have also undergone a change into a non-materialistic paradigm (Walach, 2018). In chapter V, I explain how I align with these non-materialistic perspectives.

This change of paradigm affects how, in certain circles at the margins of mainstream science, there are signs of a gradual change towards a more inclusive, non-materialist perspective that acknowledges a spiritual dimension previously left outside science’s scope (Beauregard, et al., 2014; Lipton, 2015; Lorimer & Robinson, 2011; Rusell, 2002; Schäffer, 2013; Sheldrake, 2012; 2017; Walach, 2018). Similarly, psychotherapists look for ways to include a spiritual perspective within psychotherapy practice, an understanding that is expanding though not yet mainstream. In the same way that great scientific discoveries affect collective consciousness, the minute, personal changes in perspective that are part of psychotherapy work, have the potential to change the personal set of assumptions or paradigm under which a client has been operating and therefore transform his or her consciousness. Being witness to these processes also has the potential to bring about transformation in the therapists’ consciousness (Grof, 2000). This is in keeping with a process of co-creation between clinician and client which I address in this inquiry.

Contesting materialist and mechanistic views. For generations, due to the dominating Cartesian split, science has unfolded within a materialist dogma and as a consequence, many phenomena not considered worthy of study were left out of the scope of scientific scrutiny. The failure to address phenomena that challenged existing theories and methods, distanced science from its very *raison d’être* which is to observe, study and explain phenomena manifesting in

the natural world (Beauregard, et al., 2014; Sheldrake, 2012; Walach, 2018). However, in later years, there has been a growing interest to study expanded, non-ordinary consciousness phenomena and scholars from different disciplines attempt to bridge spirituality and science (Beauregard, et al., 2014; Fox & Sheldrake, 2014; Grof, 2000; Robinson, 2018; Sheldrake, 2017; Vieten & Skammel, 2015; Walach, 2018). These new areas of research raise new questions, new perspectives and parameters from where psychological normality and paranormality could be defined. Studies on expanded states of consciousness, particularly in near death experiences (NDE), are examples of research that challenges materialistic views on human consciousness (Alexander, 2012; Beauregard, et al., 2014; Fenwick & Fenwick, 1995; Lommel, 2010). While contesting the idea that our mind or consciousness is simply the product of the material brain, these studies give rise to new questions like: If the brain does not produce and therefore contain consciousness, where does it reside? Where are the boundaries between material and immaterial dimensions? and, if there are any boundaries, what are the possible connections between these two levels of existence? As I discussed above, within psychology and psychotherapy Jung's work approached some of these matters, particularly when addressing synchronistic events (Burns, 2011; Jung, 1961, 1973). Some contemporary psychotherapists, notably Stanislav Grof, also focus on the role of non-ordinary consciousness phenomena, acknowledging its transformative potential (Grof, 2000, 1992).

Scholarly work on spirituality, consciousness and non-material phenomena call into question science's materialist dogma and its logic. These new perspectives also align with ancient spiritual traditions acknowledging a non-material realm as well as phenomena which escape materialist explanation (Beauregard, et al., 2014; Walach, 2018). In the next chapter I address scholarly work that bridges science and spirituality within mental health care

CHAPTER IV: A SPIRITUAL REAWAKENING

RESEARCH ON RELIGION, SPIRITUALITY AND MENTAL HEALTH.

*We have a habit of putting the concepts of mind,
transcendence and spirituality into
boxes of their own, to keep them apart
from the rest of the world.*

(Lothar Schäffer, 2013, p. 143)

In this chapter I address scholarly work concerning the relevance of acknowledging a client's worldviews within the context of health in general and mental health in particular.

Three periods of research on religion, spirituality and health. During the last twenty years the extended body of research on spirituality and mental health indicates that attending to the spiritual and religious needs of clients may contribute to increased mental health, wellbeing and resilience, as well as a positive sense of self-worth, happiness and meaning (Hefti, 2011; Pargament, 2007; Vieten & Skammel, 2015). North American Psychologist Kenneth Pargament (2007, 2017), distinguishes three different “waves” within the growing research on religion, psychology, spirituality and health. The first wave of research, Pargament explains, aimed to demonstrate the relevance of religion and spirituality in promoting health and wellbeing. Towards the end of last century and the beginning of this one, many correlational studies documented how the frequency of different practices, such as prayer or attendance at religious services, would influence mental health (Pargament, 2007). These studies came to indicate that most clients experience support from spiritual views and practices that might help them cope with adversities of physical pain, sickness, mental illness and psychological distress (Hefti, 2011; 2013; Koenig, 2010, 2012, 2013; Pargament, 2007; Tepper et al., 2001).

Pargament suggests a second wave of research on spirituality and health, where focus has been, and still is, on identifying key factors explaining why and how religious and spiritual practices contribute to improve life quality and health (Pargament, 2007). Here the goal was to explain the interaction between religious and spiritual variables with health promoting behavior. These studies brought attention to the importance of incorporating spiritual dimensions into general physical health care (Koenig, 2010, 2013; Miller & Thoresen, 2003; Puchalski, 2008; Sloan & Bagiella, 2002) as well as in palliative care and end of life care (Benito, Barbero, & Dones, 2014; Cesar, 2013; Sulmasy, 2006).

According to Pargament (2017) we now witness a new, third wave of research focusing on the integration of different spiritual interventions within psychotherapy approaches. The

scholarly work I refer to in this chapter illustrates this third wave of studies focusing on the integration of a spiritual perspective in psychotherapy (Benner, 2009; Elkins, 2009; Lukoff & Lu, 2009; Miller, 2013, 2010, 2009; Pargament, 2007; Scott-Richards, 2009; Sperry, 2009; Sperry & Shafranske, 2009).

Integrating spirituality in mental health care. There is a grounded rationale for the inclusion of spirituality within mental health care (Brant, 1998; Hofman & Walach, 2011; Stålsett, Gude, Tore, Rønnestad, M. Helge, & Monsen, Jon T., 2012; Levin & Chatters, 1998; Pargament & Vieten & Skammel, 2015). A systematic evidence-based review of publications on religion, spirituality and mental disorders between 1990 and 2010 showed a positive correlation between spiritual and religious involvement and better mental health for clients presenting with problems such as substance abuse, suicidal behavior or depression (Bonelli & Koenig, 2013). Additionally, studies show that many clients within mental health care would like to address spiritual matters with their clinician (Hofman & Walach, 2011; Pargament & Abu Raiya, 2007; Pargament, Lomax, Mc Gee, & Fang, 2014). Within counseling and psychotherapy there is also a growing recognition of the importance of acknowledging and addressing the client's spiritual and religious views (Miller, 2004, 2009; Shafranske & Sperry, 2005; Sperry & Shafranske, 2005; Vieten & Skammel, 2015; Worthington & Sandage, 2002).

REVISITING THE “RELIGIOSITY GAP” AMONG PSYCHOLOGISTS

Recent studies among academics in Western Europe suggest that the scientific community is not hostile to religious or spiritual matters as often assumed (Lorimer, 2017). However, scholarly work does indicate that psychotherapists are less religiously concerned than the rest of population, less than other academics and even less than other health professionals, particularly nurses and physicians (Walker, Gorsych & Tan, 2004). Back in 1990 Bergin and Jensen suggested a religiosity gap indicating that psychologists, in particular, could be out of synch with the general population they attend to when it comes to beliefs in God or a transcendent reality. Bergin and Jensen (1990) based their statements on their studies of the religiosity of psychiatrists, psychologists, social workers and family therapists in the USA. They found that a majority (54%) of these mental health professionals had some involvement with religiosity though not always within a traditional, formal religious practice. While clinical family therapists had the highest score of religiosity when it came to values and practices, clinical psychologists appeared as the least religiously committed (Bergin & Jensen, 1990).

Later, research by Wulff, also in the USA, showed that only one third of psychologists believed in God (Wulff, 1997). Later, Shafranske and Cummings (2013) showed that 24% of clinical psychologists in the USA believed in God, against 96 % of the population. Other studies showed that physicians, nurses and social workers have been more active in integrating spiritual and religious knowledge and skills than psychologists and other mental health workers (Reme, 2014; Vieten & Skammel, 2015). The idea of a religiosity gap among psychotherapists has later been contested, and studies suggest that psychologists tend to be more open to spirituality, and less involved in organized religion (Hoffman & Wallach, 2011; Shafranske and Malony, 1990; Smith & Orlinsky, 2004; Orlinsky, 2000). For instance, Shafranske and Malony (1990) studied 410 clinical psychologists in the USA finding that most of them held some type of religious belief. 65% reported that spirituality was personally relevant to them, and 53% agreed that religious beliefs were desirable for people in general.

Hofman and Walach (2011) studied a representative sample of 895 German psychotherapists where 57 % of the participants defined themselves as spiritual or religious, and most participants thought graduate studies and psychotherapy curriculum should include spiritual and religious matters. 22% of the participants in the German study had clients with whom they addressed spirituality and religion. Hofman and Walach found that CBT and psychodynamic oriented therapists were less concerned with spiritual matters, while integrative and humanistic therapists showed greater interest, but they found more commonalities than differences along the theoretical orientations of the German participants. In a USA study about psychotherapists attitudes towards the integration of spiritual matters within clinical work, Young, Wiggins-Frame and Cashwell (2007) interviewed 505 psychotherapists, the majority of whom supported the integration of spirituality within psychotherapy and in psychotherapy training programs (Young, Wiggins-Frame, & Cashwell, 2007). In Sweden, Charlotte Francoise (2012) undertook qualitative interviews with five senior therapists on their personal experience of addressing spiritual and religious matters in clinical work. Francoise found that besides highlighting being attentive to the client's needs, with an open and nonjudgmental attitude, the participants gave importance to the therapists' personal search and spiritual studies, together with professional competencies, and their own experience of spirituality when addressing spiritual and religious matters with their clients (Francoise, 2012).

In Canada, a quantitative survey among 341 counsellors by Plumb (2011) showed that the majority supported "a biopsychosocial-spiritual paradigm both personally and professionally" (Ibid. p.13) while almost 50% of the group integrated religious or spiritual

matters in clinical work. Plumb identified two main clinical epistemologies among her participants: 38% acknowledged the existence of a “transcendent or divine dimension”, while 34% conveyed the belief in a “personal, transcendent God”⁶. Most clinicians in Plumb’s study preferred to address spiritual rather than religious matters in conversations with clients (Plumb, 2011).

Several studies point out that psychologists and other psychotherapists are less prone to keep to religious faith and formal practices than the general population in their countries (Freire & Moleiro, 2015), however many psychotherapists report that a sense of spirituality has a meaningful role in their lives. In general, studies support the idea that psychotherapists tend to be more oriented towards a wider form of spirituality and less bound to organized religion (Hofman & Walach, 2011; Orlinsky, 2000; Shafranske & Malony, 1990; Smith & Orlinsky, 2004). Different scholars point out that the meaning given to spirituality by psychotherapists is not easily identified and a matter deserving further investigation (Pargament, Mahoney, Exline, & Shafranske, 2013; Orlinsky, 2000; Pargament, 2007). These and other studies confirm the relevance of my research.

Pargament (2017) suggests that scholarly work on spirituality and mental health, could be expected to integrate research perspectives into clinical interventions, while clinical ideas and experiences would be important to develop into research projects (Pargament, 2017). My hope and intention is that the generated findings of this dissertation would illustrate how spirituality is understood by experienced clinicians and psychotherapists, while providing relevant examples on how a spiritual dimension is meaningful in their lives and in their interactions with clients.

Lack of focus on spiritual matters in study programs and training. Though there is a growing interest in attending to spirituality within mental health care, international studies suggest that spirituality and psychotherapy remain outside of curricula of most universities and postgraduate studies. Different studies indicate this, such as the research among psychotherapists and psychologists from Germany, (Hofman & Walach, 2011), USA (Pargament, 2007; Schafer, Handal, Brawer, & Ubinger, 2011), Norway (Reme, 2014), South Africa (Elkonin, Brown, & Naicker, 2012), New Zealand (Florence 2015). A study by Hage et al. (2006) of psychotherapists in the USA, and another by Florence (2015) suggest that though most training and accreditation courses for psychotherapists and counselors include gender and

⁶ Plumb asked her participants to identify with six different epistemological positions one of which was “there is a personal God of transcendent existence and power whose purpose will ultimately be worked out in history”, (Plumb, 2011, p.11)

culture issues, spiritual and religious matters are often excluded, leaving counselors with minimal preparation to address such matters (Florence, 2015; Hage, Hopson, Siegel, Payton, & De Fanti, 2006). In keeping with these views some studies also suggest that the lack of attention in academic studies and psychotherapy training can contribute to psychotherapists refraining from addressing spiritual matters in clinical sessions (Florence, 2015; Magaldi-Dopman, Park-Taylor, & Ponterotto, 2011).

Similarly, there are indications that psychology studies and post graduate psychotherapy training in European countries often exclude spiritual and religious matters, though research in this field does not seem comprehensive (Hofman & Walach, 2011; Reme, Breggraf, Anderssen, & Johnsen, 2009). Nevertheless, a study from Norway indicates limited interest in spiritual and religious matters among Norwegian psychologists (Reme, 2014). Reme et al. (2009) evaluated the attitudes of psychology students from four universities (N=520) towards religion and religious people, as well as how they perceived the attitudes of senior psychologists towards religious people. 93 % of the students indicated lack of focus on religion in their studies; 15 % reported that religious students were laughed at in classes; and 27 % perceived that psychology as a profession lacked respect towards religious people. In keeping with other scholarly work, most participants (78 %) thought psychology studies should address religion, suggesting a mismatch between views held by Norwegian senior psychologists and those of psychology students (Reme, Breggraf, Andersen, & Johnsen, 2009; Reme, 2014). Having those studies in mind, I was interested to know whether the participants in this inquiry would convey that spiritual matters had received little attention under qualifying psychotherapy training and whether they shared their spiritual interests with other colleagues.

Assessing religious and spiritual needs. Scholars in the field, stress the importance of assessing clients' spiritual and religious needs and affiliations; the ways in which these could influence the presented problem; and how these could illuminate possible approaches and solutions (Culliford, 2007; Koenig et al., 1996; Pargament, 2007; Vieten & Skammel, 2015). This exploration may be made in an open manner, within the context of a clinical consultation (Pargament, 2007; Vieten & Skammel, 2015) or with the help of different tools such as questionnaires and cards, developed to explore how spiritual and religious matters influence the client's life.

In order to provide adequate care for the patient, some health care professionals stress the importance of gathering a spiritual history. With this purpose, psychiatrist Christina Puchalski and her co-workers developed an assessment tool they called *FICA*. (Borneman, Ferrell, Betty, & Puchalski, 2010; Puchalski, 1996). *FICA* is an acronym of four basic areas

covered under the assessment: *Faith* and *Belief*: spiritual or religious belonging or whatever gives meaning to the patient; *Importance*: assessing the relevance of spirituality in the patient's life and in relation to treatment; *Community*: does the patient belong to a spiritual community and could this provide support?; and *Addressing Care*: exploring wishes on how to be cared for according to a spiritual worldview (<https://smhs.gwu.edu/gwish/clinical/fica>, 2019). Another assessment tool, developed by Peter LaCour & Tatjana Schnell, are the SoMeCaM, (Sources of Meaning Card Method), consisting of a set of cards with a simple questionnaire that invites the client to share thoughts about existential themes (LaCour & Schnell, 2016). In the Spanish language, there is a questionnaire developed by *GES* (Grupo Espiritualidad SECPAL) which is also intended to assess clients' spiritual and religious needs within palliative care (Benito, et al., 2014; 2016). There is another tool aimed to measure clinicians' competence, knowledge and comfort when addressing spiritual and religious matters with clients developed by Cory Carson (2009). These are just a few examples of structured tools aimed to start a conversation on existential, spiritual or religious matters in order to assess the needs of the patient/ client.

INTEGRATION OF SPIRITUALITY IN PSYCHOTHERAPY WORK

In this section I present an overview of research and other academic contributions integrating spirituality and psychotherapy. As I discussed in Chapter III, for most of the 20th century, religiosity was seen as detrimental to mental health. Up to the 1950s, psychology was focused on being acknowledged as a science capable of measuring mental phenomena, by “giving a quantitative expression to some capacity of the individual organism” (Danziger, 1990, p. 141). As a consequence, psychology privileged the use of quantitative methods in order to indicate its belonging to the exact sciences, taking distance from philosophy and occult beliefs or practices (Danziger, 1990). Kurt Danziger (1990) in his book *Constructing the Subject* (1990) explains that the measurement of psychological functions and expressions, “...shifted from one of imposing a quantitative structure on subjective experience to one of imposing quantitative structure on human action.” (p. 142). Danziger further explains that the individual was expected to fit into this arithmetical view of human beings. And “in order to give the appearance of subjectivity, an arithmomorphic form [was] imposed on the individual subject's actions[...]performances were segmented into numerical values that seemed to reflect some degree of capacity within the subject rather than the subjective judgement of the investigator.” (Danziger, 1990, p. 141). Though Danziger writes about North American psychology in the twentieth century, much of that understanding still seems to prevail elsewhere.

Even if there are still many psychotherapists reluctant to address spiritual issues due to a lack of knowledge, interest or both (Pargament, 2007), from the last part of the twentieth century it has been recognized that religious and spiritual phenomena are multidimensional. As such, religious or spiritual dimensions in people's lives can be both a source of comfort when facing adversity, or promote anxiety and further suffering, inspiring courage and activity or pressuring one to passively conform to inner or outer circumstances (Bergin, 1991; Hognestad, 2012; Koenig et al., 1996; Pargament, 2002). A growing number of scholars around the world have therefore devoted attention to the relevance of re-integrating spiritual matters within psychotherapy, suggesting that spirituality is gradually becoming a well-accepted and meaningful construct among many mental health practitioners (See for instance: Miller, 2004, 2009, 2010; Pargament, 2007; Richards & Bergin, 1997; Sperry, 2009; Sperry & Shafranske, 2005; Stålsett, 2012; Stålsett, Gude, Rønnestad, & Monsen, 2012; Vieten & Skammel, 2015; Vieten et al., 2016). Current studies on spirituality and mental health provide new perspectives to an area of knowledge that for long remained excluded from mainstream academic psychology (Koenig, 2013; Pargament, 2007).

A spiritual reawakening within psychology. As I discussed above, the idea of psychotherapists being mostly secular has been revisited and studies instead suggest that a sense of spirituality appears to be important in many psychotherapists' lives. However, clinicians tend to hold a more open and personal spirituality, with less formal practices, and being more independent from organized religion (Hofman & Walach, 2011; Orlinsky, 2000; Shafranske & Malony, 1990; Smith & Orlinsky, 2004). In keeping with such findings, there appears to have taken place a "spiritual turn" within psychology and psychotherapy as a profession, and some authors talk about an unexpected spiritual "reawakening or renaissance" within science in general (Lorimer & Robinson, 2011) and psychology in particular (Robinson, 2018; Shafranske & Sperry, 2005; Tacey, 2004; Vieten & Skammel, 2015; Wilber, 2007). Stanislav Grof poetically speaks of a "re-enchanting" of psychology (Grof, 2000). Some authors even speak of a "spiritual revolution" (Heelas & Woodhead (2005). How should we understand this renewed interest in bridging psychology and spiritual matters? Different explanations are proposed, from *angst* due to confrontation with our own finitude and fear of death, to the lack of meaning that accompanies the growing materialism in our societies (Galtung & McQueen, 2008; Han, 2017). Other scholars suggest that parallel to the increased physical complexity that characterizes biological evolution, an inner evolution is taking place, involving the growing

development of consciousness influencing not only humans, but all of Creation (Baring, 2013; Haremeim, 2016; Russell, 2002; Sheldrake, 2017; Tarnas, 2007).

Richard Tarnas (2007), in his book *Cosmos and Psyche. Intimations of a New World View* addresses the search for a deep spiritual connection in our times as a reaction to a materialistic perspective that has rendered the world around us, Nature, and even each other, as goods to be consumed and taken advantage of. Different authors elaborate on these perspectives, such as German Korean philosopher Byung-Chul Han (2017, 2018). Tarnas acknowledges the benefits of scientific and technological advances made possible by the Scientific and Industrial revolution following the Enlightenment period. However, he suggests that those societal processes, followed later by Modernity, left aside a sacred dimension of the world, leaving humans in a soulless Cosmos (Tarnas, 2007). We have therefore gone through a long period of disconnection from the soul of the world, known by earlier generations as *Anima Mundi* (Baring, 2013). As a consequence, Tarnas explains humanity, as a collective, yearns for a meaning giving dimension which is now unfolding while we enter a new period in history: into the developing of a new consciousness (Tarnas, 2007).

This new paradigm we are traversing, with a new, spiritual focus can indeed be understood from different, complementary perspectives where updated scientific knowledge integrates with that generated by personal experiences, non-ordinary states of consciousness, and knowledge from ancient traditions, to name a few (Capra, 1997; Grof, 2000; Sheldrake, 2017, Tarnas, 2007; Walach, 2018). I address some of these perspectives in the following paragraphs.

A new, cosmic evolution. Since the dawn of the industrial revolution three hundred years ago, humanity has become psychologically and socially more individualized and, at the same time, increasingly technically interconnected (Tarnas, 2007). At the beginning of last century, Pierre Teilhard de Chardin, a Jesuit priest and a paleontologist, theorized that the increasing intercommunications among humans would eventually reach an “Omega Point or maximum level of complexity” that he understood as being part of the evolutionary path of humankind and the whole cosmos (de Chardin, 1961, p. 174). De Chardin proposed that humanity is undergoing an evolutionary process, a gradual and progressive spiritual awakening where, as part of this intrinsic potential, we would become a unitary thinking group. For de Chardin a new domain of reality would emerge: the “noosphere” (Ayotte, 2012; Taylor, 2017).

Similarly, different ancient spiritual traditions also expressed views where evolution is seen as affecting the whole of the cosmos, on a consciousness level. This is explicitly expressed within Vedic knowledge (Sridhar, 1989), and in the Buddha’s teachings explaining that not

only humans but all sentient beings can achieve enlightenment. However, humans may do so by acknowledging our “Buddha nature,” the clear awareness of our intrinsic connection with each other and all there is (Dalai Lama, 2005; Khandro, 2003). Ancient spiritual teachings seem to convey, in metaphorical and poetic language, aspects of the evolutionary process that we seem to be going through nowadays (Baring, 2013; de Chardin, 1961; Lorimer, 2004).

Reconnecting with the sacred, beyond religion. Within the present spiritual re-awakening or re-connection with the sacred, people from different spiritual and social backgrounds may look for new ways to relate to and integrate a sacred dimension in their lives, often beyond organized religion (Drescher 2016; Torralba, 2010; Sheldrake, 2017; 2019; Zinnbauer & Pargament, 2000). For some, traditional religious teachings and concepts of God or divinity, seem to fall short, so a spiritual search may therefore take place in quite idiosyncratic ways, independently from what had been approved by inherited religious traditions, or by what is intellectually accepted as rational or scientific truth (Bidwell, 2018; Corbett, 1996; Drescher, 2016; Hognestad, 2015; Tacey, 2004; Torralba, 2016). This current context where traditions are questioned while a spiritual search is kept alive, invites a reflection on the individuation process to which Freud, Jung and other scholars may have contributed to from their perspectives and which I discussed in the previous chapter. On the one hand, Freud (1927: 1939) with his hostility towards religion facilitated the questioning of some limiting aspects of religious conditioning, something that Jung (1961, 1973) also focused on. However, Jung also acknowledged the intrinsic spiritual dimension of the human psyche and the healing potential of spiritual phenomena along with experiencing a sacred, numinous dimension. In my view, Jung opened up for rescuing what is of value in religion and spirituality, integrating knowledge and practices from different traditions into a meaningful whole. Jung’s contributions resonate well with the current reawakening of spirituality within psychology. In keeping with Jung’s perspectives, though often outside the scope of what is recognized as his work, an interest for the sacred has gradually extended into the integration of spiritual matters within psychotherapy. Different studies increasingly recognize the client’s religious and spiritual interests, while many scholars also acknowledge that humans are also spiritual beings (Miller & Thoresen, 2003; Miller 2010; Pargament, 2007; Sulmasy, 2006; Vieten & Skammel, 2015).

ORGANIZATIONS BRIDGING SPIRITUALITY AND MENTAL HEALTH

Taking into consideration that we live in increasingly multi-ethnic and multi religious societies, the recognition of spiritual needs has extended into the planning of health policies

(DeMarinis, 2014). Besides a growing number of publications, there are also several institutions offering courses and conferences addressing spiritual and religious matters among different communities of health workers, including psychotherapists from diverse traditions. Below I briefly refer to some of the resources available in English and Spanish.

There is for instance, an annual international conference organized by the Research Institute for Religion and Health based in Switzerland (RISH, 2019), and a bi-annual conference organized by the International Association of Psychology of Religion (IAPR, 2019).

In Scandinavia there is a growing field focusing on spirituality, religion and health and an annual international conference addressing religion, spirituality and existential matters held in Norway every October, as well as a research network meeting for Scandinavian scholars in the field of Religion Psychology (www.religionspsykologi.no). The Nordic Network for Research in Faith and Health (faith-health.org, u.d.) offers an overview on research and publications. Modum Bad (www.modum-bad.no, n.d.), a mental health clinic based on ecumenical Christian values, provides different forms of psychotherapy integrating religious and existential themes, including the Vita Project an existential dynamic group psychotherapy developed by Gry Stålsett and her co-workers (Stålsett, 2012a; Stålsett, Gude, Rønnestad, & Monsen, 2012). Below, I describe the Vita psychotherapy approach in more detail.

In the UK there are several institutions and networks focusing on spirituality and health in general and particularly on spirituality and mental health. The Royal College of Psychiatrist founded in 1999, has a special interest group (SPSIG; <https://www.rcpsych.ac.uk/members/special-interest-groups/spirituality>) focusing on psychiatry and spirituality which has elaborated a set of guidelines on spirituality and religion in patient care. They also organize conferences, seminars and publications (rcpsych.ac.uk). Another resource network also in the UK is The National Spirituality and Mental Health Forum (www.spiritualitymentalhealth.org.uk) which offers seminars, conferences and publications, and provide links to different organizations working on mental health from different religious worldviews as well as from non-denominational spiritual perspectives (www.spiritualitymentalhealth.org.uk, u.d.). Besides these organizations focusing on spirituality and mental health, there are also associations for psychotherapy that from time to time organize conferences or publications focusing on the matter. For instance, The *British Journal of Guidance and Counseling*, also in the UK, had a special symposium on Spirituality (Spirituality and Social Change, 2016), and in March 2017, the Taunton Association for Psychotherapy, organized the conference *Cutting Edge Connections between Spirituality and Psychotherapy*, which I attended.

In the USA there are several institutions concerned with spirituality and mental health. For instance, since the 1950s the California Institute for Integral Studies (CIIS) has offered courses integrating counseling with transpersonal perspectives, consciousness and spirituality (www.ciis.edu). The George Washington University has an institute for the study of Spirituality and Health (GWISH, u.d.), where Dr. Christina Puchalski (Puchalski, 2008) developed ‘FICA’, a tool for the assessment of the spiritual history of the patient which I discussed above (p.80). GWISH offers a Service for Online Education and Resources on Spirituality and Health (SOERCE). Also in the USA is the Institute for Spirituality and Health (ISH), in Houston, Texas (Institute for spirituality and health, n. d.), founded in 1955 as the Institute for Religion and Health. In 2008 its name was changed to the *Institute for Spirituality and Health*, an example of how different organizations update their name to include those outside organized religions. The ISH offers meditation and yoga courses, as well as lectures about spirituality in health care, including psychotherapy. The American Psychological Association (APA, apa.org), has division 36, an interest group on religion and spirituality which publishes quarterly the *Journal of Religion and Spirituality* and offers a mid-year annual conference (www.apa.org). The APA also publishes the Journal *Spirituality in Clinical Practice* (SpiritualityinClinicalPractice, n.d.). There are other relevant journals, like the *Journal of Spirituality in Mental Health* (Journal of Spirituality in Mental Health, n.d.). Though not specific about mental health, there are articles on the matter in *The International Journal for the Psychology of Religion* (International Journal for the Psychology of Religion, n.d.) and in the *Journal for the Study of Spirituality* published by the British Association for the Study of Spirituality (BASS).

Scholarly work and publications in the Spanish language integrating spirituality and psychotherapy are still rare. Some exceptions here are work by Spanish psychiatrist Maribel Rodriguez (Rodriguez, 2014). The *Spanish Society for Palliative Care* (SECPAL, u.d.) periodically gives out monographs on the integration of spirituality within palliative care (Benito, Gomis-Bofill, & Barbero, 2016; Benito, Barbero, & Dones, 2014). This brief overview of publications, activities and organizations focusing on spirituality, mental health and psychotherapy is continuously developing and therefore incomplete. My effort here was to give a flavor of the level of expansion within this field of study.

Clients bring spiritual concerns to therapy. Scholarly work suggests that many clients would like to address religious, spiritual or God related concerns with health care providers, including their psychotherapists, but these professionals may lack knowledge, preparation or training on how to approach spiritual matters in psychotherapy (Leis-Peters, 2012; Lukoff &

Lu, 2009; Nordhelle & Danbolt, 2012; Pargament, 2007; Vieten & Skammel, 2015; Sulmasy, 2002). A study by Vieten and Scammel (2015) among psychologists in the USA showed that although almost 50% of psychologists addressed spiritual and religious issues during assessment, only 30% did so in sessions (Vieten & Skammel, 2015). Scholars agree on the importance of developing and improving spiritual and religious competencies among psychotherapists in order to meet their clients' needs (Hofman & Walach, 2011; Lukoff & Lu, 2009; Nordhelle & Danbolt, 2012; Pargament, 2007; Sulmasy, 2002; Vieten & Skammel, 2015).

PSYCHOTHERAPY APPROACHES INTEGRATING SPIRITUALITY

Spirituality is not easy to define. It is addressed differently by clinicians from diverse theoretical and clinical perspectives. While some interventions have non-theistic spiritual views, other approaches are framed within a theistic perspectives (Eck, 2002; Richards & Bergin, 1997; Shafranske, 2000; Sperry, 2009; Sperry & Shafranske, 2004). For instance, Len Sperry, a medical doctor and a psychotherapist, developed *Spiritually Oriented Psychotherapy* aimed to reach clients from different denominations. Although grounded in an ecumenical Christian perspective, it may also support clients with an atheistic worldview. In Sperry's approach the psychotherapist acts as "both psychotherapist and spiritual guide" (Sperry, 2009, p. 307), attending to the client's psychological needs from a developmental perspective, integrating different theoretical and clinical approaches into their interventions, giving advice in the implementation of spiritual practices like meditation, prayer, reading spiritual literature and the like.

Sperry based his approach in a "bio-psycho-socio-spiritual model," (Sperry, 2009, p. 308) where the therapist plans and customizes interventions for the particular client that include different therapeutic understandings and clinical forms. Spiritually Oriented Psychotherapy demands the clinician has appropriate psychotherapy skills, knowledge about spiritual matters, willingness to share personal experiences and a spiritual commitment (Sperry, 2009). For Sperry, spiritual issues have primacy over psychological ones, and are understood as responding to a basic need to be in relation to "God, God-image or God-representation[...] and spiritual practices including involvement in a spiritual supportive community" (Sperry, 2009, p. 307). The client's God images are assessed before and after therapy, evaluating whether a more positive view of God has developed (Sperry, 2009).

I wondered whether Sperry's approach would be applicable for therapists or clients who do not hold a theistic perspective. Introducing the idea of God to therapists who are spiritual but *not* religious, and to clients who are not believers, seems inappropriate. I was curious to see

if and how Sperry's views would relate to the participants' interventions. I discuss some of these issues in chapter XII.

Transpersonal psychotherapeutic interventions: Neither psychoanalysis, behaviorism nor humanistic psychology has systematically studied consciousness or spirituality, nor addressed “reports of transcendental experiences and behaviors” (Lukoff & Lu, 2009, p. 178) which transcend “both egoic and existential identity” (Lukoff & Lu, 2009, p. 183). Only transpersonal psychology, consolidated around at the 1960s and 1970s, made the scientific study of consciousness and spiritual phenomena its central tenet, integrating ancient teachings on consciousness with knowledge from disciplines such as psychology, neurobiology and psychotherapy (Almendro, 2004, 2008; Capra, 1997; Grof, 2000; Wilber, 2000). Sutich (1973), one of founders of the Association for Transpersonal Psychology (ATP), described it as “therapy directly or indirectly concerned with the recognition, acceptance, and realization of ultimate states. As such, it is not new, rather it is perhaps the oldest of all the therapeutic approaches” (p. 10). To begin with, it was important for transpersonal psychologists to address “ultimate states,” since these were often seen as pathological by other psychology schools (Lukoff, Lu, & Turner, 1992). However, transpersonal psychology came gradually to address the whole human being, particularly the ways in which the spiritual manifests in ordinary life, including mystical and spiritual experiences, along with other manifestations where the sense of self expands beyond the personal “encompass(ing) wider aspects of humankind, the natural world and the cosmos” and therefore expanding into the transpersonal realm (Lukoff & Lu, 2009, p. 178).

Jung's theoretical and clinical contributions have a central place within transpersonal psychology, particularly his understanding that through the collective unconscious, we may access information about ancestral human and non-human existence (Grof, 2000; Jung, 1961, 1973; Tarnas, 2007). Originally, Jung described “the transpersonal” (*überpersonlich*) unconscious, but it was translated into English as “the collective unconscious” to make it more acceptable among English speaking scholars (Lukoff & Lu, 2009, p. 179). For similar reasons, Freud's concept of *seele* (soul) has been translated as *mind* as discussed in chapter III (p. 47).

Stanislav Grof has written extensively on transpersonal psychology particularly about consciousness during pre- and perinatal states (Grof, 1998, 2000). Stanislav and Cristina Grof (1989) developed *The Holotropic Breathwork*, a therapeutic method that induces non-ordinary consciousness states without the use of substances, yet with profound mind-expanding effects. Through breathing techniques and specially chosen music aimed to facilitate depth experiences,

clients may accede extraordinary states of consciousness with sensory alterations, re-experiencing birth, death, earlier experiences and traumas, mystical and other transpersonal experiences (Grof & Grof, 1989; 1992).

While Psychoanalysis was true to its Modernist grounding, transpersonal psychology could be called a “child of postmodernism,” approaching fluctuating mental states in a continuously developing human being, with many co-existent identities (Gergen, 2009), integrating different theoretical perspectives and techniques. Unlike psychoanalysis and cognitive approaches, Transpersonal psychology does not attach to a monolithic theory, something it has been criticized for (Lukoff, Lu, & Turner, 1992; Shorrock, 2008).

Spiritual emergencies and psychotherapy. Stanislav and Christina Grof edited the book *Spiritual Emergencies* (1989), where different authors describe how non-ordinary states of expanded consciousness can be both healing and heuristic, in the sense of being able to access knowledge beyond the material world. These experiences can be characterized by strong emotional and physical sensations; perceptual and thought changes; visions of transcendental character; feelings of oneness with the whole cosmos; sometimes contact with deities or mythological beings; and powerful colors and sounds (Grof & Grof, 1989; Grof, 2000). Spiritual emergencies are understood as part of an evolutionary process and not as a psychiatric imbalance, though they can be wrongly diagnosed as such by Western medicine (Grof & Grof, 1989). As I discussed in chapter III (p.54), similar views were described by Richard Bucke (Bucke, 1905) as well as by William James (James, 1936) and Carl Gustav Jung (Jung, 1961).

In ancient cultures, the reactions following a spiritual emergency were often considered as part of an initiation process or indicating aptitudes to be a shaman or priest (Harner, 1990; Villoldo, 2000). Spiritual crisis may suddenly manifest, activated by physical hazards or mental exhaustion such as an accident, a surgical intervention, a Near Death Experience (NDE) (Grof & Grof, 1989; Lommel, 2010). Similarly, Peter Levine, who developed Somatic Experiencing, a trauma work approach, suggests that traumatic experiences sometimes include non-ordinary states which may have a transformative potential (Levine, 2018). Likewise, powerful sexual experiences, extended periods of meditation or exercise, and the use of different substances, can promote feelings of connection with a transcendental realm. Sometimes such enhanced perceptions give rise to strong energetic forces in the body, known as a “Kundalini awakening” (Raab, 2015), which can be very frightening. These phenomena are often mistaken for psychoses if health professionals lack knowledge on transpersonal perspectives which integrate

physical, mental, emotional and spiritual interventions in a holistic manner (Grof & Grof, 1992; Lukoff & Lu, 2009).

Cognitive psychotherapy and spiritually integrated approaches. Buddhist inspired tools and cognitive psychology have been integrated to assist clients with risky and addictive behavior. For instance, Kelly Avants and Arthur Margolin (2004) designed *Spiritual self schema therapy* (SST). Based on the idea that we have multiple cognitive self schemas, Avants and Margolin designed interventions aimed to activate a latent spiritual self schema among patients with addiction problems. Through different spiritual practices such as prayer and meditation, patients were enabled to recognize their latent sacred qualities, affirming that they are children of God, transcendent, divine beings and the like (Avants & Margolin, 2004), in this way an addict's self schema of having bad qualities, not being in control or deserving punishment, were deactivated. Follow up studies suggest SST interventions tend to reduce impulsivity, risky behavior and the use of intoxicants, as well as increasing self care (Margolin, et al., 2007).

Norway: Vita project. In Norway, Gry Stålsett and her co-workers (Stålsett et al. 2012). did a comparative study with depressed clients in a group therapy form called Vita Project providing different forms of psychotherapy addressing clients' God's images, along with existential questions about topics such as death, loneliness, trust, identity and belonging. Follow up studies showed reduction of antidepressants, improved life quality, higher capacity for reflection and acceptance of existential suffering among the participating clients (Stålsett, et al., 2012).

ADDRESSING NEGATIVE RELIGIOUS AND SPIRITUAL EXPERIENCES

Though spiritual and religious worldviews may contribute to better life quality, they can also have negative effects on clients facing spiritual struggles due to extreme religious beliefs as well as meeting negative prejudices, hypocrisy and condemnation from a particular spiritual or religious community (Pargament, 2007; Pargament & Brant, 1998; Pargament et al. 2013;). Individuals may struggle with guilt, denial and passivity which often become detrimental to the quality of life (Ellison & Lee, 2010; Jung, 1966; Hognestad, 2012; Pargament, 2002; 2017). Negative religious views can promote hatred and racism towards those considered different or unclean, and sometimes give place to extremism.

Spiritual struggles are not uncommon and may manifest as “supernatural struggles”, “interpersonal spiritual struggles” or “intrapsychic spiritual struggles” (Pargament, 2017). Previously, in 1966, Jung wrote about being contacted by people around the world who

experienced conflicts with traditional religious views. Some therapists also report of clients suffering shame and guilt for not living up to the standards of their faith or for feeling that they have been cursed or possessed by evil spirits (Hognestad, 2012; Pargament, 2007). For instance, in a study of 69 advanced cancer patients, Peteet and Balboni (2013), found that over 50% often questioned God's love, and some felt punished by, or were angry at, God.

On the other hand some Buddhist inspired practices, such as mindfulness, have been extended as a psychotherapeutic intervention in order to improve physical and psychological wellbeing (Sheldrake, 2017). These contemplative practices were originally taught as an advanced part of a spiritual tradition. However, in secular contexts, mindfulness practices have been disconnected from their spiritual content and the guidance and containment given by a spiritual teacher, and might sometimes cause mental confusion, spiritual emergencies and even psychotic episodes (Grof & Grof, 1989). To conclude this section, it should be stressed once more, that religiosity within or outside a formal tradition and practice is neither good nor bad per se, and it is the psychotherapist's role to explore, together with the client, whether beliefs and practices could be part of the client's problems or if they could bring possible solutions (Pargament, 2007).

THERAPISTS' ATTITUDES INFLUENCE CLINICAL WORK

Spirituality and therapeutic alliance. Independently of the clinician's theoretical background or psychotherapy approach, the quality of the rapport between client and therapist strongly influences the therapeutic process (Wampold, 2001; Rønnestad & Skovholt, 2003). Conceptualized as *therapeutic alliance*, the mutual collaboration between therapist and client has a central place in most psychotherapy approaches (Ardito & Rabellino, 2011; Horvath et al. 2011; Priebe & McCabe, 2008). The clinician's therapeutic style affects this alliance (Bordin, 1994; Horvath et al. 2011). Priebe & McCabe (2008) suggest therefore that the therapist's way of being present and engaged "may be seen a therapy in itself" (p.521). In keeping with these perspectives, Pargament (2007) suggests that the clinician's acknowledging the emergence of a spiritual quality in clinical settings can contribute to consolidate a positive therapeutic alliance with spiritually sensitive clients.

The clinicians' spirituality influences psychotherapy. Studies also indicate that the way in which health care professionals acknowledge spiritual dimensions in their own life influences how they relate to spiritual matters with their clients (Hefti, 2013; Sulmasy, 2006). For instance, in a study on 572 psychotherapists in the USA, Watkins van Asselt and Baldo Senstock (2009)

found that therapists' personal spiritual involvement, experiences and studies on spiritual matters influenced their focus in treatment as well as on how competent they felt when dealing with the subject in sessions (van Asselt & Baldo Senstock, 2009). Similarly, a qualitative study among 30 Hungarian therapists supports the view that clinicians' attitudes towards spirituality influences clinical work, particularly how spiritual matters are approached (Tomcsányi, et.al., 2017). Clinicians acquainted with religious and spiritual concerns, and skilled in addressing these, seem comfortable with initiating and integrating conversations on spirituality and religion within psychotherapy (Koenig, Larson, & Mathews, 1996; Koenig, 2013; Souza, 2002).

However, studies suggest that the psychotherapists' own worldviews could interfere with transference and countertransference aspects, and that the therapists' own intrapersonal experiences could influence how they approach spiritual matters (Frazier & Hansen, 2009; Walker, Gorsuch, & Tan, 2004). Based on her own research among Canadian therapists, Plumb suggests that there could be a potential risk of the clinician making inappropriate interventions and even imposing their own ideas and values onto their clients, whether intentionally or unintentionally. Plumb also points out that some clinicians reported feeling more at ease when they identified with their clients religious or spiritual views and values (Plumb, 2011). However, Plumb stresses that the therapists' comfort is not necessarily an indication of competence. If having an affinity with clients' views and values can give a feeling of comfort to the therapist, the contrary could also be true. Discussing religious matters with clients whose views the therapists strongly oppose could thus be a source of *discomfort*, particularly when working with religious fundamentalists (Ibid.).

In order to keep the attention centered on the client's interests and needs, different authors highlight the importance of taking time to assess the client's worldviews through in-depth conversations or the implementation of assessment tools aimed to explore how the client's religious and spiritual beliefs could aid or hinder the attainment of a better quality of life (LaCour & Schnell, 2016; Pargament, 2007; Plumb, 2011; Puchalski, Lunsford, Harris, & Miller, 2006). In general terms, different studies suggest that to attend the spiritual needs of their clients, therapists should qualify on the matter, receive supervision by senior colleagues and constantly scrutinize personal blind spots that could interfere with meeting the spiritual needs of clients in a compassionate and non-judgmental manner (Koenig, Larson, & Mathews, 1996; Koenig, 2013; Pargament, 2007; Plumb, 2011; Rønnestad & Skovholt, 2013; Souza, 2002).

The impact of spiritual moments on the therapist. A study by Skovholt and Rønnestad (2003) with a hundred counselors and psychotherapists, suggests that psychotherapists are more impacted by intense interpersonal experiences than by intellectual knowledge obtained through theories and research (Rønnestad & Skovholt, 2003). It could therefore be expected that therapeutic encounters with a spiritual content could have a profound impact on therapists.

***SECTION III: THEORIES, METHODOLOGY AND
METHODS***

In this section I have put together three interrelated chapters: In chapter V, I present the theories underpinning dissertation and informing methodological and ethical considerations. In chapter VI, I present the qualitative methodology and the methods for data generation, which in this case is Qualitative Research Interviews (Kvale, 1996). I also give a presentation of each of the fifteen participants and discuss the Lines of Inquiry.

In chapter VII, I present the method of analysis, that is thematic analysis and give illustrations of the analysis process. I then discuss the ethical concerns as well as power issues within this dissertation.

CHAPTER V: THEORETICAL INFLUENCES

A BRICOLAGE APPROACH TO QUALITATIVE INQUIRY

In this chapter I discuss the theoretical perspectives underpinning this dissertation. I start by presenting the idea of bricolage in social research, referring to approaching several dimensions of a topic from multiple perspectives (Rogers, 2012). As a researcher, bricolage enabled me to address the inquiry with rigor, allowing for rich narratives to emerge and to be analyzed in depth so that the complex material from the generated findings can be approached and re-presented in a holistic way supported by different methodologies.

In this and the following chapters I present in detail the methodology and methods implemented in this inquiry where the idea of bricolage is relevant. A bricoleur arranges different materials in a way they were not originally intended in order to create new artifacts. Anthropologist Levi-Strauss (1966) borrowed the word *bricolage* and introduced it within structuralism to explain that human meaning-making processes could integrate mythical and rational aspects simultaneously, something not previously considered at his time (Levi-Strauss, 1966; Rogers, 2012). Levi-Strauss explained that a rational approach is similar to that of an engineer who only utilizes appropriate materials and tools to construct an artifact planned in advance, in a logical and rational way. Bricoleurs, instead, can implement different creative practices in a heuristic manner, following their own ideas and taking what is available to them to create sometimes unplanned shapes.

Within qualitative research bricolage, as a metaphor, addresses an eclectic and flexible approach that “can be considered(...) critical, multi-perspectival, multi-theoretical and multi-methodological” (Rogers, 2012, p. 1). The bricolage process is creative and flexible: this aligns well with my turn to qualitative inquiry informed by post-modern and social constructionist views, where it is possible to introduce methods and questions that have not been planned in advance (Rogers, 2012; Denzin & Lincoln, 1999; 2005). A bricolage approach allows for the integration of different, even competing perspectives so that a given phenomenon can be studied from multiple views. In turn the generated knowledge can be re-presented and implemented in various ways (Rogers, 2012).

Aligned also with social constructionist views, bricoleurs understand phenomena as interrelated and contextually situated, not isolated. Rogers (2012) explains that “Ontologically, bricoleurs examine how socio-historical dynamics influence and shape an object of inquiry” (Rogers, 2012, p. 12). This is an aspect I keep on coming back to: the view of phenomena as depending on their historical and social context, something that also has relevance for the subject matter, the methodology chosen, as well as for the discussion of the findings. A bricolage perspective runs transversally through the whole dissertation, influencing the

methodology and the methods, how I address spirituality, as well as how I approach the spiritual in clinical work and in personal life. Nothing of what I address about matters related to a spiritual dimension in the lives of participants and clients is to be seen as encapsulated or static, which would be a consequence of a Newtonian, materialist understanding of reality. In keeping with David Bohm's views (1996) I understand spirituality and a spiritual understanding as a process, not as a static phenomenon. On the contrary the object of study and the methods used to approach the topic, should appear to the reader as fluid and dynamic, aligned with how spirit itself has been understood (Fontana, 2003). As we saw in chapter II, spirituality is a contested, relatively new concept and as such is continually evolving (Nemeckova, 2017; Pargament, 2007; Robinson, 2018;), so its relevance and practical implications for psychotherapy may vary. Spirituality is, in itself, a "bricolage," a complex and dynamic construction. Like "bricoleurs," people may take what they have on hand, practically, intellectually and spiritually, to acknowledge a spiritual dimension in their own lives and give it meaning (Bidwell, 2018). Within the context of this inquiry, a bricolage approach seems appropriate to address from multiple perspectives the understanding of spirituality in general, and its importance within psychotherapy.

A bricoleur not only understands the complexity of a given phenomenon, but also adopts a critical position when addressing issues of power imbalance and social injustice lying at the root of "oppression perpetrated through traditional meaning-making practices" (Rogers, 2012, p. 5). This is another aspect within bricolage that I found most relevant, which also has been addressed for a long time by feminist researchers (Etherington, 2004). Within social research bricolage aims to push "the borders of traditional multi-methods qualitative research" in order to disrupt limitations that could be oppressive or deny marginalized groups a chance to express what they consider valuable and trustworthy (Rogers, 2012, p. 17). In this sense bricolage may address issues of power and bring awareness to groups excluded by dominating ideologies and institutions (Rogers, 2012). I became aware of power issues determining what is an appropriate subject within psychotherapy and what is not, and throughout this dissertation I discuss power issues, integrating diverse theoretical perspectives in a composite, bricolage manner. In the following sections I briefly introduce perspectives on the philosophy of science and research, and start by presenting considerations on metatheories influencing the research process (Etherington, 2004; McNamee & Hosking, 2012; Roulston, 2010). I then discuss how a post materialistic view of science influenced my way of addressing the subject matter (Walach, 2018). Subsequently I present social constructionist views informing my research approach and my understanding of spirituality.

METATHEORIES - THEORIES ON WHAT RESEARCH IS ABOUT

All research is built within a certain theoretical framework consisting of concepts and theories informing the inquiry, contributing to its structure and internal consistency (Merriam & Tisdell, 2016, p. 84). The philosophies informing different scientific communities and their research enterprises may show great variation. Since they influence the research process, the researcher's beliefs and theoretical assumptions, also known as "metatheories" or "received views of science," need to be made explicit throughout the whole inquiry (Etherington, 2004; McNamee & Hosking, 2012; Roulston, 2010).

The theoretical framework provides a broad context where the inquiry is placed which permeates the whole research process. It constitutes the frame or lenses through which the studied phenomena are approached, connecting closely with the rationale for the inquiry, the methodology and methods chosen, and the way in which the generated data is analyzed, represented and discussed (Merriam & Tisdell, 2016). Good quality research is characterized by internal consistency where all parts of the research process harmonize well with the philosophical paradigm or theoretical framework informing the researcher (Etherington, 2004). As such, my positioning within a postmodern, social constructionist stance influenced my ideas around what to investigate, how to design the project as well as which data collection method and analysis was seen as most appropriate (Cheek, 2000; Etherington, 2004; Roulston, 2010). Throughout this chapter I return to my theoretical ground sustaining my methodological choices and explain how these harmonize.

Postmodern and Social Constructionist perspectives

As a researcher I have several *lenses* which sometimes overlap. When using the bricolage method, these lenses affected the subject matter I chose, the questions I was interested in, the literature I refer to, the methodology and methods chosen, which findings I highlight and discuss, and the conclusions I suggest. Some of those lenses are part of my disciplinary orientation (Merriam & Tisdell, 2016): I am a psychotherapist open to the integration of spiritual moments in clinical work. In this dissertation I study phenomena close to my own views and practices and refer to these with concepts that are part of my implicit way of understanding life and psychotherapy practice. A frame or a lens helps us focus on something, and necessarily leaves other things outside the scope of study. Even if still there, what is not focused on becomes blurred and momentarily out of focus. This is also the case in this study. Another researcher may have approached the subject matter from a different theoretical frame and personal stance, focusing on views that are out of *my* frame or lens. The generated data and the conclusions would therefore be different too.

My own way of regarding spirituality in a personal and clinical context, influences choices I make within my theoretical framework, and these in turn inform the kind of literature within spirituality, psychotherapy and science that I relate to. Besides this, I try to hold another lens, that of a “new paradigm,” ascribing to a nonmaterialistic view of science (Beauregard, et al., 2014; Sheldrake, 2012; Vieten, 2017; Walach, 2017; Walach, 2018). In order to further clarify where I stand, in the following section I present contributions on a post materialist view on science which I find relevant as part of the perspectives that inform my understanding of spirituality. Later I present postmodern and social constructionist views that underpin my approach to the methodology and methods.

TOWARDS A POSTMATERIALIST VIEW OF SCIENCE

It is fair to say that the currently operative background assumptions of science are materialist in ontology and empiricist in methodology. As a corollary, a reductionist attitude forms part of those background assumptions (Walach, 2018, p. 41).

In order to illustrate alternatives to materialist views, I start this section by introducing contributions to a post materialist perspective within science (Sheldrake, 2012; Beauregard, et al., 2014; Walach, 2018). I do so because my goal is to be transparent about the perspectives that undergird my work in this dissertation and what is my understanding of a relevant scientific approach to this inquiry. Post materialist perspectives seem relevant for the subject matter since they imply a new vision of science enabling the study of spirituality and related matters while acknowledging inner experiences and diverse consciousness states, (Beauregard, et al., 2014; Walach, 2018). However, mainstream science is still dominated by materialist views that only consider as scientifically valid that which can be measured and expressed in numbers and statistical tables (Beauregard, et al., 2014; Sheldrake, 2012; Walach, 2018).

Within materialist approaches knowledge is obtained by “the analytical and reductionist method which works by decomposing larger entities into ever smaller ones and studying the smaller constituents as the best and only way to (obtain) reliable knowledge” (Walach, 2018, p. 4). However, a materialist approach is valid for certain types of data but not all. Particularly within social sciences, other views have emerged that contest and expand the reductionist, materialist ground identified as being “the scientific method” itself (Ibid.). German scholar and clinical psychologist Harald Walach, in a report for the Galileo commission elaborates on how the current scientific discourse is embedded in presuppositions that mostly exclude the relevance of certain areas of study like spirituality, consciousness and anomalous cognition

phenomena (Walach, 2018). Post-materialist scholars argue that the science of the future ought to become free from existing reductionist restrictions in order to address aspects of reality going beyond the materially observable and quantifiable (Beauregard, et al., 2014; Sheldrake, 2012; Vieten 2017).

Still today, non-material phenomena that can only be addressed through a person's lived experience are often excluded from scientific research. When the matters of study are "assumed to be inexistent and therefore not possible to study within a materialist ontology or worldview which is then dubbed the 'scientific worldview'" the resulting work may be rejected for publication in peer reviewed journals (Walach, 2018, p.4). However, assuming beforehand whether something can be studied or not is, in itself, unscientific (Sheldrake, 2012; Walach, 2018). Reservations and even restrictions could also apply to the subject matter of this dissertation since some scholars might not consider spirituality as an independent construct, or within a psychotherapy context, as a phenomenon deserving of attention at all.

The myth of the objective observer. The received view of science or metatheories influences not only *what* is seen as a relevant subject of study (ontology) and *how* we understand that knowledge may be attained (epistemology), but it also determines *how* we understand the role of the researcher (McNamee & Hosking, 2012). This perspective is supported by contemporary science. For instance, psychiatrist Ian McGilchrist, in his book: *The Master and His Emissary: The Divided Brain and the Making of the Western World* (2009), explains how what we observe is given meaning by the kind of attention we apply. In turn attention is socially determined: we learn early to pay attention to certain phenomena and less to other (McGilchrist, 2009) (see also Chapter II, p.72).

Within a post positivist stance, still alive in social sciences, researchers are assumed and expected to be independent and objective when investigating their research *subjects*. A post positivist view also sustains the idea of a researcher who maintains a detached, objective and assumedly value free attitude that will therefore *not* influence the research results. Consequently, it is thought that whoever pursues the same scientific investigation would be able to gather similar results, making the research replicable (Beauregard, et al., 2014). Throughout this dissertation I contest such views: as a researcher I am far from objective and try to be transparent about my views something that can make research more trustworthy.

From the beginning of the last century theoretical and quantum physics came to suggest some degree of co-dependency between the externally observed object and the observer (Goswami, 2000; Schäffer, 2013). Within this frame of thought scholars came to question the idea of an objective, neutral observer proposing there is some level of co-creation between

experiencer and what is experienced since the researcher's consciousness might influence the matter of study (Goswami, 2000; Radin, 2006; Schäffer, 2013). Some studies go further, explaining that we are part of a common field where we influence each other and the world around us (Haramain, 2016; McTaggart, 2008). Besides, the intermingling of disciplines enabled by postmodern perspectives came to influence new ways of understanding the role of the researcher informed by quantum theoretical developments, and eventually, the idea of co-creation of phenomena also extended to social sciences (Anderson, 1997; Mc Namee, 2010).

The view of science influences ontology and epistemology. Ontology is the field within metaphysics that studies the nature of reality. It presents theories about the nature of being and what it is possible to study, questioning what can be known (Crotty, 1998; Merriam & Tisdell, 2016, Raddon, 2010). The researcher's ontology, or "world view," is a situated construct informed by the metatheories which shapes what he or she understands as the nature of reality and is considered as valid and achievable knowledge. This ontological understanding frames the inquiry and shows the way in which that particular knowledge can be obtained: *the epistemology* or how we know what we know (Merriam & Tisdell, 2016).

As discussed above, science is still based on "the ontological assumption of materialism: that the ultimate reality of our world is matter, and on the methodological assumption of empiricism" (Walach, 2018, p. 46). Consequently, the part of reality that has not been possible to capture through our senses, our instruments or by our current understanding, remains denied by traditional science (Schäffer, 2013; Sheldrake, 2012; Walach, 2018). However, for many scholars within a post materialistic view of science, the "extramental," reality manifested through expanded consciousness and spiritual phenomena is considered as real as what can be perceived through our senses (Sheldrake, 2017; Schäffer, 2013; Walach, 2018). Jung (1961, 1973) and Grof (1998, 2000) have been pioneers in acknowledging an extramental reality and in integrating these views into their theories and clinical approaches (see chapters II and IV).

Since all knowledge is situated within a certain historical context, what was defined as "unreal" within modernity, may have another more "real" explanation in our own time, particularly through perspectives provided by quantum physics and by perspectives within post materialist science, acknowledging not only external experiences but also inner experiences as a source of knowledge (Walach, 2018). Eastern philosophical and spiritual traditions, such as Buddhism or Hinduism, also acknowledged expanded states of consciousness as a way to access knowledge by going beyond the material brain functioning (Dalai Lama, 1999; Sheldrake, 2012). However, due to an ontological, materialist positioning in contemporary

Western societies, the dominant epistemology within science gives credit only to the objective study of external and material phenomena.

Epistemology refers to the understanding of the nature of knowledge, what it means “to know” and the possibilities that may arise from it (Crotty, 1998). What I define as my ontology, the way I understand the nature of reality and what I choose to hold as the object of study here, may not be shared by everyone. It is not like studying the qualities of water with which we can all relate. Still the way in which many people - me included - conceptualize a “spiritual quality” may appear almost as real and feasible to approach, study and reflect upon as a block of ice or a cup of water. This brings us into an important epistemological question, often dismissed within Western science, and left outside the scope of studies of psychology and psychotherapy: the validation of introspective sources of knowledge (Walach, 2018). This inner way to knowledge was recognized and implemented in ancient cultures and also addressed at the beginning of last century by scholars I discussed in chapter II and III, like Carl Gustav Jung, (1961); Corbett, (1996); William James (James, 1936); and Richard Maurice Bucke (Bucke, 1905). In this inquiry, I rely on participants’ inner experiences of whatever they consider spiritual. I acknowledge their idiosyncratic realizations without evaluating these against an external or a quantifiable normative. Each participant’s experience is real experience *for them*.

An updating of science is needed. Scholars supporting a post materialist paradigm within science do not deny previous contributions but rather insist that science has to stay true to its original tenets, focused on continuing the enlightenment process, contesting superstitions and mistaken explanations, and allowing as many people as possible to benefit from the contributions of scientific advances (Beauregard, et al., 2014; Walach, 2018). Yet, as Harald Walach maintains many Western scientific assumptions still function as a kind of ‘crypto-religion’ that accepts a materialistic ontology as the one and only truth (Walach, 2018). Within a materialist metatheory, for instance, consciousness is considered an epiphenomenon of brain activity and other materially grounded characteristics of the nervous system, while in a post materialist view, consciousness is understood as an all-pervading phenomena that pre-exists matter (Lorimer, 2004; Rusell, 2002; Sheldrake, 2012; Walach, 2018). An updated view of science has to take different consciousness phenomena into account independent of the material brain and not only grounded in its functioning (Goswami, 2000; Sheldrake, 2012; Walach, 2018). For instance, Walach (2018) suggests that the study of self-experienced phenomena through introspective psychology ought to have a place in the science of the future (p. 3). This brings us back to the question of epistemology: What does it mean to know? And: How can we

know about what is to be known? (Merriam & Tisdell, 2016). A logical question here is therefore: *How can we know about a spiritual quality within ourselves and in relation to others?*

Recognizing personal experience as a source of knowledge. Acknowledging spirituality demands the recognition of personal experience and the validation of accounts on transpersonal states, encounters with the numinosum and other transcendental experiences and manifestations (Jung, 1961,1973; Corbett, 1996) (See Chapter III). In our materialist societies, quantifiable phenomena are given priority over qualitative aspects of reality, even within ‘spirituality related’ research. Yet, when qualitatively approaching spirituality and psychotherapy, it seemed pertinent to refer to quantitative studies on the matter. For instance in chapter IV, I discussed studies suggesting that many psychotherapists acknowledge transcendental dimension or sacred moments in therapy (Hofman & Walach, 2011; Pargament, Lomax, Mc Gee, & Fang, 2014; Smith & Orlinsky, 2004), and that many people feel helped by their religious or spiritual worldviews (Pargament,2007, 1997). Likewise, quantitative studies show that there is need to attend to spiritual religious matters in psychology studies (Reme, Breggraf, Anderssen, & Johnsen, 2009) and clinical training (Hofman & Walach, 2011).

By referring to quantitative studies, there could be the danger of presenting the generated data in this inquiry in accordance to a semi-quantifiable perspective or post positivist frame of reference. I tried to stay aware of the risk of tangling with the boundaries of positivism. However, I made five tables showing some of the demographic data of the participants in order to provide a valuable overview about the participants, presented in pages 137,138, 241 and 255. After this brief discussion on post materialist perspectives, in the following sections I introduce postmodern views informing my theoretical frame and methodological approach.

POSTMODERN PERSPECTIVES

Postmodernism is understood as a broad umbrella of thoughts and views, encompassing different perspectives and practices within art, philosophy and social sciences (Kvale, 1996). Postmodern thought is addressed as a “contemporary sensibility” developed since WWII (Hughes, 1996). It contests and expands tenets held by the Enlightenment period, which evolved through the seventeenth century, and consolidated within modernism (Hicks, 2011). Some qualitative methodologies, particularly within social construction approaches are informed by postmodern perspectives (Cheek, 2000; McNamee & Hosking, 2012; Merriam & Tisdell, 2016). Similarly, qualitative research interviews, the method of data generation in this inquiry, are strongly influenced by postmodern perspectives (Kvale, 1996).

One of the aspects I find inspiring and relevant about postmodern thought in the context of this dissertation is the openness to a theoretical and methodological bricolage it represents,

and which I introduced at the beginning of this chapter (Rogers, 2012). A research bricolage within a postmodern approach allows for the inclusion of different perspectives of thought as well as innovative views within research that, as I also addressed earlier, question the idea of an objective researcher. Instead, as I discuss below, a postmodern perspective allows for practices that reach out to and include those participating in research (Cheek, 2000; Mc Namee, 2010; Mc Namee & Hosking, 2012). However, postmodern views remain a contested area of thought and some authors question its right to exist, pointing out that it is one among other *postisms* (i.e. post structuralism, post materialism, post positivism, and even post-post-structuralism) that considers postmodernism “a reaction to” and not an original contribution in itself (Øverland, 2018). Other scholars such as Stephen Hicks (2011) criticize what they see as postmodernist rejection of the contributions of Enlightenment and Modernism periods and the advances these enabled, particularly when it comes to acknowledging and implementing reason, the study of nature as well as the development of experimental research (Hicks, 2011). Through these pages my effort is to present a more nuanced view of postmodern contributions that have been valuable on my journey as a researcher, opening the door to new ways of understanding an approach to participants, the subject matter and my role as a researcher here. My acknowledging of postmodern views does not disregard the importance of previous theoretical contributions nor of the scientific paradigm in its totality. Of course, I recognize scientific advances. Nevertheless, I want to allow for other *lenses* to expand what post materialist views, and my innate disposition, consider a rigid understanding of the nature of reality. My intention is to integrate different perspectives, including modernist ones, not rejecting these.

Another critique to postmodernism seems to be the idea that postmodern scholars insistently focus on inequality and power with a leftist political agenda, particularly in academia, a point that Canadian psychologist Jordan Peterson has propagated in recent years (Peterson, 2018). Indeed, “foundational” scholars of postmodernist thought at the middle of last century, particularly in France, were strongly influenced by Marxism and questioned power structures within society and among human relations (Hicks, 2011). My intention though, is not to promote any political agenda with my choice of theoretical orientation, but postmodern critique of hegemonic thought, its questioning of power structures and focus on social change are issues I do identify with and want to take into consideration. When appropriate, I also intend to keep a critical view on matters addressed throughout this dissertation. For instance, one of my aims is that this study can contribute, at least to some extent, to reflect not only on how spiritual matters are dealt with in clinical practices, but also to focus on structures within mental health care that may jeopardize the acknowledging of the client’s spiritual needs. I also provide

examples on how some issues concerning power and inequality between researcher and participant have been approached during this inquiry. I will go into more detail about these matters when discussing collaborative approaches and reflexivity in research later in this chapter and in chapter VI.

Modernist scholars aimed at the goal of one objective truth which was pursued within an attitude of authority and expertise, in a missionary and even “messianic” manner (Hughes 1996, p.183). Within modernism’s univocal paradigm, grand narratives or hegemonic theories were developed to lay a foundation for what were seen as true and valuable objects of study that were likewise approached by unitary methods (Gergen, 2006; Hugues, 1996; Kvale, 1996). Instead, postmodern views question unitary models applied to understand the world around us and our relations to it and do not acknowledge a particular paradigm nor a single method of study. Knowledge is seen as contextually situated in time and space, and local narratives are acknowledged without following given dogmas (Hughes, 1996; Kvale, 1996). Postmodern views see reality as consisting of different possible co-existent “truths” that remain locally situated and can be approached from an array of methods (Rogers, 2012). As a consequence, postmodern stances have a high level of tolerance for multivocalities within cultural expressions, so that the boundaries between elitist and popular expressions are less prominent (Hughes, 1996). Postmodern perspectives do not try to find a singular voice or meta narrative, neither within ourselves, in the societies we live in, nor in any kind of human construction (Gergen, 1985; Kvale, 1996; Lyotard, 1984). Fragmented views of reality, and different perspectives are kept in constant tension without attempting to resolve them into one voice (Wulf, 2017). Inspired by postmodern views, I try to keep a multivocal perspective (Gergen, 2006, 2009, 2014) within this dissertation, aligned with the bricolage approach I have adopted (Rogers, 2012).

Postmodern views and power. Among postmodern scholars Michel Foucault (1991), addressed particularly issues of power from the perspective of different disciplines, discussing how institutions, groups or individuals withhold the power to privilege what they consider as true and valid within a certain context. Foucault (1991) sees power also as the generator of reality, both concrete and symbolic, and he writes:

We must cease once and for all to describe the effects of power in negative terms: it ‘excludes,’ it ‘represses,’ it ‘censors,’ it ‘abstracts,’ it ‘masks,’ it ‘conceals.’ In fact, power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production. (p. 194)

Power appears transversally within society, and also at an individual intrapsychic level (Foucault, 1983; 1991). For instance, clients attending therapy, may censor themselves from addressing spiritual matters, as could therapists, concealing their spiritual stances in order to stay loyal to whatever dominant discourses determine as right, at a given moment and context. Identifying processes of power and control, whether external or internal is part of psychotherapy work. Disclosing these though, may be met with sanctions, and it is understandable that individuals and groups, also professional collectives, may protect themselves by keeping silent about the power and restrictions inflicted.

The intermingling of disciplines. Postmodern views are seen as contributing to blurring “the boundaries between the disciplines of philosophy, psychology, theology, humanities, anthropology, sociology and literature” (Etherington, 2004, p. 20). The ‘blurred’ boundaries between disciplines characterizes the bricolage approach I have chosen here (Rogers, 2012). The intermingling and overlapping of perspectives and disciplines, enabled the development of new research practices and clinical strategies that contested power relations previously taken for granted. Instead, new practices implemented a more egalitarian and collaborative approach to research and clinical work, which inform my approach here (Etherington, 2004).

In this dissertation I address spiritual matters, which are not only contested per se, but have for long been seen under a theological domain, and not belonging within psychology’s field of study (Walach, 2018). Postmodern views within research defy ideas of what can be seen as a legitimate subject of study, or not. In that sense, we could say that the interest for the multivocal expressions of spirituality or religiosity, as well as their integration within psychotherapy, are possible to study due to the particular conditions given in our current times in Western secular societies. The participants in this inquiry, their clients, and myself, all live within and through postmodern times that give us great freedom to choose our own spiritual world views (Bidwell, 2016, 2018; Drescher, 2016; Hognestad, 2015). This was very difficult a few generations back, and still today, secularity or free choice of spiritual values is severely sanctioned within certain communities. Not only in faraway places, but also within Western countries where some groups demand extreme loyalty to their religious traditions. As clinical practitioners in Western Europe, the participants were confronted with different conditions in their clients’ lives, including an array of cultural and religious backgrounds. In the Findings and Discussion chapters I address how the participants approached this pluralistic spiritual landscape.

Social constructionist perspectives. Fitting under the umbrella of postmodern thought, social constructionist views “question the longstanding assumption of objectivity, rationality

and empirical truth” (Gergen, 2006, p. 7). Central to social constructionist perspectives is the understanding that knowledge is socially constructed and that meaning attached to a particular area of study is co-created through social interaction. There is no truth “out there” to be observed and reported about, but there may be an agreement about what is true within a particular context (Gergen, 2006). In the same manner, the value ascribed to a particular knowledge may vary, so that certain communities or traditions may agree on what they consider objective, “true” knowledge and how it may be approached (Gergen, 1985, 2006). This is in fact the case within scientific communities, which, as we have seen, rely strongly on a materialist ontology (Beauregard, 2014; Walach, 2018).

A particular community in a dominant position may exert power by defining and establishing what is true and worthy and what is not (Foucault, 1983; Han, 2018). Other scholars with less power or are positioned outside of the dominant circle may be excluded or ignored. Particularly when the knowledge they pursue and generate challenges what the dominant group already considers as feasible, valuable and rational (Gergen, 2006; Walach, 2018). Since spirituality has not been considered a valuable matter of study within mental health for many generations, other questions related to power may arise in this dissertation, such as: Who had or has the right to exclude areas of knowledge from the practice of psychotherapy? And likewise, when considering possibilities to generate change: How may spiritual matters be best addressed in clinical practice? I address some of these matters in the chapter XIII.

Words create our World. From a postmodern perspective, meaning is co-created through the exchange of views between those involved in a conversation (Kvale, 1996; Gergen, 2006). As I explain in more detail in chapter VI, the relational perspective, and dynamic exchange of views that dialogues enable, became a relevant rationale when choosing qualitative research interviews as a method to generate data in this dissertation. I was particularly influenced by Norwegian scholar Steinar Kvale’s idea of “InterViews” (Kvale, 1996). Kvale belongs to a phenomenological tradition yet he shares with a social constructionist perspective the idea that communication through dialogue has a central place in the way our identities develop through interaction with others (Gergen, 2006, 2009). Social constructionist views also emphasize the role of relationships in the creation of meaning and understand knowledge as collaboratively generated (Anderson, 1997; Gergen, 2009; Mc Namee, 2010).

Wittgenstein: words name worlds. The work of philosopher Ludwig Wittgenstein (1953/2009), has strongly influenced social constructionist scholars, particularly the idea that different groups are established and consolidated around the words employed to name their social practices and to make meaning of their common experiences (Gergen, 2006; 2009). For

Wittgenstein “we *do* something every time we use a word. Moreover, what we do, we do in a world with others” (Grant, 2017, p.1). The meanings of words evolve and transform continuously through diverse social interactions and by the influence of different perspectives. Words are “polysemic,” implying they can have diverse meanings in different contexts (Gergen, 2006, p. 39). The meaning that words acquire is the result of a collaborative process, through their use in particular social settings which Wittgenstein (1953) addressed as “language-games” to draw attention not only to language itself, but to the actions into which it is woven” (Grant, 2017, p.1). The process of *language games* does not refer to a trivial way of spontaneous play, but rather to the structured manner of obeying rules within symbolic communication where words and symbols without an intrinsic meaning become meaningful (Gergen, 2006; Grant, 2017, Wittgenstein,1953).

In games or sports, as well as in military or religious ceremonies, to name a few, there are rules to be followed in a way that is relevant only within the context of that particular activity. The same actions and utterances belonging to a given “game” may be completely meaningless and even jeopardize the flow of communication if practiced outside the meaning giving context (Gergen, 2006). For instance, an audience clapping when a speaker says something with which they agree is an action that has symbolic value within a particular context, like a public or political meeting. But clapping would be inappropriate when a friend, a client or therapist says something one agrees with. The words or other symbolic actions used by the participants in a social interaction, name the worlds in which they live and what they agree as being relevant. When done according to the rules or expectations of a particular game, symbolic actions add connection with others sharing the same tradition or “form of life” but would be misplaced and a reason for exclusion in another context (Gergen, 2006). This is relevant when considering the inclusion of spiritual matters in clinical settings since words and other symbolic actions also affect relationships, acting as “the glue by which their very forms of life – or traditions – are held together” (Gergen, 2006, pp. 21-22). This taken-for-granted context is understood as a *form of life* on which interlocutors, such as “game” players, clients, therapists, agree. In turn, the “form of life” is what gives meaning to what is taking place within the *language game* (Gergen, 2006).

Speaking or writing a language implies following rules that create a context where meaning is created with the words used (Gergen, 2006; Wittgenstein, 1953). Also, the words we use to describe and construct our symbolic worlds are dependent on who has the power to name things and persons, or *not* to name things and persons (Foucault, 1972, 1983). Many of the ideas here seem relevant within the context of this inquiry, particularly when it comes to

addressing spirit or the spiritual. Within societies that have been influenced by dogmatic, organized religions, the acceptance of spirituality as an independent concept is still challenged (Huss, 2018). The meaning attached to a word, will depend on the rules inherent in a particular social interaction or language game. As we saw, spirituality may be understood differently according to the context where it is employed, depending on who is using it and with what purpose, which brings us back to Wittgenstein's constructs of form of life and language games (1953). Relating the idea of *language games* to the context of this inquiry, I did not expect that the participants and I would have a common understanding of spirituality, yet I hoped we could explore it together, even if we would not agree on a final description. However, I did assume that the participants and I shared a *form of life*, namely that of therapists who find value in spiritual matters and who consider their integration relevant in clinical work. Through our dialogues the participants and I consolidated the idea of a common ground. The social dimension is always relevant since knowledge originates through social interaction (Gergen, 2006). There are many possible forms of life and there are many different ways to use words to generate knowledge and communicate meaning, so that those who stand apart from where the participants and I stand might understand the subject matter in a completely different way.

Words are not neutral. Another aspect of communication is the way in which languages collude into a game where we take for granted that words are neutral, when they are not (Schäffer, 2013). Lothar Schäffer (2013), a quantum chemist, draws attention to words like “real,” “nothing,” or “nonsense.” At first glance they may look innocent, arbitrary words. Yet “real” comes from *res*, in Latin, meaning *thing*, that is, some-*thing* we can grasp and access through our senses. If we see an empty box and claim there is “no-thing” inside it, Schäffer explains, we are telling (to others and to ourselves), that we cannot get hold of any ‘thing’ inside the box. Whatever is ‘there’ (space, energy) is nonexistent; it is “no-thing” (Schäffer, 2013). In this way we are constructing (and co-constructing) a worldview that determines how we approach the world. This is particularly important within research, since “to grasp” an idea or concept, also refers to something tangible, alluding that we literally can “get hold” of an idea in a physical way. This type of concrete understanding of the world around us is deeply grounded in bodily experiences and rooted in our brain structures (McGilchrist, 2009). The way in which we address – or discount – the world around us, on a physical as well as intra- and interpersonal level is continuously giving meaning to the reality we live in, and in turn will determine the ontology and epistemology that we consider as valid in research (Braun & Clarke, 2006, 2013; Merriam & Tisdell, 2016). Schäffer explained that when something appears as meaningless or silly to us, we tend to say that it makes “no sense” or that it is “nonsense,” since

it does not elicit any bodily feelings, or cannot be grasped or perceived by our sensory organs. Our assumptions about what reality is, our ontology, shapes our language, sustains our understanding of the world around us (Schäffer, 2013) and influences the attention we give phenomena (McGilchrist, 2009). Spirituality has been seen as “nonsense” within science in general and in clinical settings in particular, which can be understood since it is difficult to “grasp”: we can only connect with a spiritual dimension with our inner senses (Walach 2018). When I read studies on spirituality and mental health, I often wondered about the researcher’s ontology when approaching the spiritual, and whether a particular study acknowledged that spirituality represented an immaterial reality that could be addressed and validated from within. Unfortunately, in many studies the researcher’s personal views are not clarified.

Taking these questions further, it is interesting to reflect upon the arbitrariness of language use (Gergen, 2006). While using the words “nonsense” or “no thing” we immediately understand that they refer to something that gives no meaning, has no existence – or both (Schäffer, 2013). Yet this is not a logic that applies for all words. When we, for instance, talk of psychology or psychotherapy in a contemporary sense, we deny the connotations of the word “psyche,” meaning soul, as I have addressed in chapters III and IV. There is no absolute consistency in the rules of the language games (Gergen, 2006).

Knowledge as socially constructed. Social Construction understands knowledge as the result of social interaction: by agreeing “on the real and the good” a community constructs meaning together (Gergen, 2006, p. 27). Communication is a collaborative process where the participants coordinate their actions and utterances to co-create meaning (Gergen, 1985, 2006, 2009). Social constructionist views understand meaning as co-created through relationships and not only through individual contributions: words have no meaning in themselves, and therefore, one cannot “possess meaning alone” (Gergen, 2006, p. 35). Through language, meaningful worlds are co-created in interaction with others, as forms of life. Kenneth Gergen (2006) points out that it is through the other’s response, or *supplementary action* to our actions or utterances that a given symbolic or pragmatic expression acquires meaning. Gergen writes, “...to communicate at all is to be granted by others a privilege of meaning. If others do not treat one’s utterances as communication [failing] to coordinate themselves around the offering, one is reduced to nonsense” (Gergen, 2006, p. 35). A communicative action only acquires meaning when the other responds to what is said or done by a supplementary action. The pragmatic implications of this process of communication and meaning making, became evident through the dialogues with the participants which developed in a collaborative manner, as I address in chapter VI, under ***Research as an Invitation*** (p.140).

Informed by Wittgenstein's ideas, Kenneth Gergen, in his book, *Therapeutic realities. Collaboration, Oppression and Relational Flow* (2006), further explains that actions give meaning to what has preceded and create the possibility of new coordinated actions. "Supplements 'act backward' in a way that creates meaning to what has preceded" (Gergen, 2006, p. 38). Actions set constraints to what is an acceptable supplement and, in this way, give shape to traditions within communities. As I discussed in chapter III, to belong to the community of psychoanalysts, and other psychotherapists for most of the twentieth century, implied being part of a form of life where spiritual and religious matters were left aside. In our times attention to the open field of spirituality from a therapeutic perspective can create a different meaning for what preceded. Nowadays, when we read William James' (see here chap. III) or Carl Gustav Jung's (here in chap. IV) descriptions of religious experiences we can choose to understand their work as referring to the broader field of spirituality (Pargament, 2007).

Adopting a bricolage approach enabled me as a researcher to address some of the complex meaning-making processes taking place within and outside the scope of this inquiry (Denzin & Lincoln, 1999; Rogers, 2012). I had to take into consideration that certain individuals or circles would accept my way of approaching spirituality while others could deny that spiritual matters differ from religious concerns, or others may reject both religion and spirituality altogether. In the dialogues with the participants, I was therefore attentive to which connotations spirituality had *for them*: I re-present these in the Findings chapters.

Meaning making through forms of life. For Gergen, "through the process of communication (...) meaning emerges, is sustained and transformed" (Gergen, 2006, p. 44), so we can assume that the embracing or rejection of the idea of 'spirituality in a clinical context' will depend on the forms of life generated and sustained by socially constructed traditions within particular communities, from the small "community" of one therapist and one client, to larger, more organized schools of thought and clinical practices. Within a psychotherapy context, spirituality can be present and addressed whether or not it is verbalized (Pargament, 2007). Some psychotherapists though, belong to *forms of life* where a spiritual perspective is acknowledged and integrated in clinical interventions, as for instance, Transpersonal or Jungian inspired clinicians (Corbett, 1996; Grof, 2000) (See also chapters III and IV). The forms of life of spiritually interested psychotherapists, in turn, give shape to different patterns in which meaning is coordinated through interactions where spiritual matters are further acknowledged and addressed. Meaning making is therefore to be understood within a particular culture, whether this is grounded on a psychotherapy school or tradition, religious practices, scientific values, or street gang activities (Gergen, 2006). Even without these external references,

clinician and client may establish their own *tradition* when it comes to how a particular phenomenon or theme is approached. We do not always need to inscribe meaning within a larger cultural dimension, since we “make culture” through meaning making in all our interactions (McNamee & Sheila, 2009; Mc Namee, 2010).

Aligning this inquiry with social constructionist views. Social constructionist views see each person as an agent of change in his or her own life, in continuous evolution, arriving at new understandings throughout life, and in different relations to oneself or others (Gergen, 2006). Likewise, our comprehension of the world around us is always developing and evolving, not only when it comes to psychological growth but also to spiritual development and consciousness evolution (Wilber, 2007). As I discussed previously in Chapters I and II, I understand spirituality as a process that is partly socially constructed but I am also open to the idea of human beings being spiritual *by nature*, as proposed by different authors (Miller, 2010, 2004; Torralba, 2016). Through this inquiry I try to balance the understanding of spirituality as both socially constructed and as an essential part of human life. In the Findings and Discussion chapters, I address how the therapists understand and relate to these possible interactions.

Identity as a social construction. Social construction contests the idea of fixed, bounded and unchangeable identities. Instead social construction sees identity fundamentally as a relational, flexible and multivocal phenomenon, where different sources of identification become integrated throughout life in a multifaceted, dynamic manner (Gergen, 2009). Kenneth Gergen in his book *Relational Being* (2009) explains that through our interactions with others, whether in person or by accessing the views of “textual friends” through books or other artifacts, we consolidate the beliefs, values and ethics that contribute to our identity. These shared and socially constructed views will, in turn, give ground to how we think about ourselves and others, sustaining our reflections and actions, and creating or confirming the meaning we attach to our experiences (Gergen, 2009). This is a continuous process that takes place throughout life, and affects our spiritual identity, which can therefore also be understood as flexible and evolving in a dynamic way (Bidwell, 2018; Gergen, 2009; Vieten & Skammel, 2015)

In this research I wanted to be open to different discourses and identifications within each of the participants’ narratives, so I valued the idea of multiple possible identities and voices co-existing and integrating within each other, as proposed by social constructionist views (Bidwell, 2018; Gergen, 2009). My wish has been to acknowledge the participants’ positions independently in all their diversity, so the idea of *bricolage* also appeared significant, since a spiritual identity might include an array of general as well as idiosyncratic interpretations and expressions (Bidwell, 2018). My intention was therefore to present the participants’ multiple

possible ways of understanding spirituality without collapsing these into a final synthesis. I also wanted to show different possibilities of implementing spiritually sensitive interventions and the varied ways in which the participants integrated spirituality into their own lives.

Holding tensions and ambiguity. Like other postmodern perspectives, social constructionist perspectives do not pursue the achievement of the one and only Truth, but rather inspire us to accept the different voices and discourses within ourselves and those around us. Dan Wulf (2017) explains how social constructionist views can be associated with the idea of holding tensions and facing ambiguity instead of trying to resolve those tensions, which is relevant when attending to participants' diverse ways of understanding spirituality and how they addressed it professionally and personally. Similarly, throughout the interviews, the transcriptions and the later analysis of the narratives, I tried to hold the tensions between the different ideas presented and the reflections these elicited within me and might also elicit within the reader. When meeting the participants, my effort was to keep a genuinely open, nonjudgmental attitude, not only being present and showing acceptance of their different points of view, but also, and more importantly, to convey my valuing of each of the participant's reflections and experiences. Wulf stresses the importance of maintaining tension in communication as in dance: never too rigid nor too lax, never a static tension, but a dynamic acknowledgement of each other's position and movement, tolerating the unresolvedness of tensions (Wulf, 2017). In keeping with these views, I understand the process of interviewing the participants as an open and dynamic process, without looking for a resolution, a closure or a definitive answer. My intention was not to reach a final conclusion of what spirituality is or to find the right way to address it in psychotherapy. Instead, within a collaborative approach, I invite the reader to participate in a shared process, holding the tensions that could manifest throughout this dissertation. These may be noticed in the dialogues with the participants, in my re-presentation and discussion of the stories, as well as in the reader's own reflections and unanswered questions.

Collaborative processes and meaning making in research. Social constructionist views have influenced research *and* psychotherapy, particularly when it comes to how collaborative processes give rise to meaning (Anderson, 1997; Mc Namee, 2010). Through this inquiry my intention has been to keep a collaborative approach in research which acts as a shared journey of discovery rather than verification of facts (McLeod, 1997). Understanding human interaction within research or psychotherapy as a process of social construction implies that there are no universal, objective standards nor predetermined approaches or techniques to be applied. Instead there is a continuous focus on relational engagement between partners in

dialogue, like therapist and client, or researcher and participant (McNamee, 2010; McNamee & Hosking, 2012). An emphasis on interpersonal aspects has also been central within the development of psychotherapy research, theory and practice among different psychotherapeutic traditions, from the last part of the twentieth century (Levenson, 2017). When approaching spirituality in clinical work, a relational engagement seems particularly relevant, since therapist and client address the spiritual from their common humanity, even if they remain on different spiritual grounds (Bidwell, 2008; Carli, 2016). Similarly, a social constructionist framework within research emphasizes working from an interpersonal, relational perspective. A way of implementing a relational engagement in practice is through collaboration and the practice of reflexivity, which I discuss in the next section.

REFLEXIVITY IN COLLABORATIVE RESEARCH

Social constructionist perspectives regard the topic of research as a problem in construction and not as an objective matter of study (McNamee, 1994). Furthermore, from a relational constructionist viewpoint, knowledge generated through research is the product of a relational process where focus is put on “what people do together and [on] what their ‘doing’ makes” (Mc Namee, 2010, p. 1). As I have explained in the Introduction chapter, ethical issues permeate the whole inquiry process, and I discuss ethical aspects in different places, also below, with respect to social constructionist views, and more specifically in chapter VII. One way to address ethical and moral values was through the idea of co-construction of knowledge that I tried to keep in mind throughout the research process since I understood that the participants and myself co-created meaning through a common understanding in our dialogues which, in turn, would give shape to the final research product. Through dialogues with clinicians our focus has been to co-create meaning about what spirituality implied for them, how it is reflected in their daily activities, as well as how a spiritual perspective supported and gave depth to their lives. This collaborative process “made” something that hopefully could inspire other therapists and those in charge of training programs.

Awareness on power issues, transparency and reflexivity. The acknowledging of power inequality within human relations either due to race, class, gender and other possible differences in social hierarchy is central within postmodern perspectives. Social constructionist views are strongly influenced by the work of Foucault (Foucault, 1983), as well as by contributions of feminist scholars bringing an awareness to inequalities in social interactions while avoiding categorizations based on prejudices and promoting transparency and reflexivity in research collaboration and otherwise (Etherington, 2004; Cheek, 2015; Tuval-Maschiak,

2016).). A collaborative perspective invites the practice of reflexivity, both in the form of self-reflexivity on the part of the researcher as well as relational reflexivity, as part of the dialogues between the researcher and the participant co-researchers (Etherington, 2004; McNamee & Hosking, 2012). The relational aspect of reflexivity relates well to both the subject matter of this study and how it came to develop co-jointly throughout the dialogues with the participants.

By adopting a reflexive approach to research within a collaborative stance, I was able to take into account different ethical issues. Through this positioning my intention was to eliminate “the myth of silent authorship” (Etherington, 2004, p. 38) by acknowledging the co-participative authorship of the participants and myself throughout our conversations. Besides, social constructionist ethics are grounded upon relational responsibility that reflexively questions dominant discourses and taken-for-granted truths (McNamee & Hosking, 2012). As a researcher, holding an ethical stance when a great diversity of ideas, values and practices were unfolded through research dialogues, invited me to keep a curious, nonjudgmental attitude that enabled me to take into account different values and views to be expressed and taken (Anderson, 1997). In constructionist practices the intention is to stay open, curious and respectful through the process of co creation of knowledge, while staying aware of possible sources of inequality between the participants and the researcher (McNamee, 2010; McNamee & Hosking, 2012).

The participants and I did not seem to be affected by hierarchy or inequality issues, having an equivalent position in society and professionally. However, it would be disingenuous to think that we were equal partners through our dialogues. Even if I intended to work collaboratively, it was still me who took the initiative for the interviews, asked the questions and chose to follow up some matters and not others. Yet power issues were brought up, particularly by one clinician who feared sanctions or retaliation if this person’s spiritual views became known at their workplace. In a later communication with this particular participant, I was asked to leave aside some demographic data, so that country and religious background were undisclosed.

Social Construction and Spirituality

In the interviews with the participants my hope was that I could understand how their spiritual identifications and expressions had developed, both as the product of social interactions as well as through an inner contact with Spirit. In my view, an inner spirituality may in fact “emerge” from within, as a more direct and “vertical” experience in relation to a higher dimension, besides developing in a “horizontal” manner, socially constructed manner (Torralba, 2016). There appear to be many intersections between social constructionist views and spirituality (Bava, 2016; Bidwell, 2008; Bidwell, 2018; Gergen, 2016). Bidwell explains

that “religious and spiritual experiences, those times when we are aware of the presence of the numinous in our lives, in the world, and in our identities, are ‘relationally real/ized’” (Bidwell, 2008, p. 20). Social constructionist views allow for different paths of compassion and wisdom as well a variety of spiritual practices to integrate and contribute to one’s fluid spiritual identity, personal transformation and psychological growth (Bidwell, 2016; 2018). In an essay elsewhere (Carli, 2016), I explain how social constructionist ideas have sustained the way in which I came to understand my own spiritual search as an organic, fluid and dynamic process where different sources of knowledge could be integrated. In my view, social constructionist perspectives may leave aside an innate dimension of spirituality. For instance, Bidwell points out that “religious faith and identity are interactive and performative phenomena; they are processes that occur through relationships and communities rather than entities that emerge from “within people” (Bidwell, 2008, p. 18).

CHAPTER VI: METHODOLOGY AND METHODS

In the previous chapters I introduced relevant scholarly work on the subject matter and theories informing this inquiry. I presented my theoretical foundation which is influenced by postmodern and social constructionist views. In this chapter I introduce the qualitative methodology and methods I found appropriate to approach the subject matter. Drawing from Crotty's model on the organization of the research process (Crotty, 1998), I give an illustration of how I built this inquiry. I also introduce the ontology and epistemology that lie at the basis of this dissertation, which in turn supports the chosen methodology, and discuss the methods for generating data.

AN OVERVIEW OF THE RESEARCH DESIGN: CROTTY'S MODEL

All research involves a systematic study of a particular phenomenon which in the case of this inquiry is addressed by the research question:

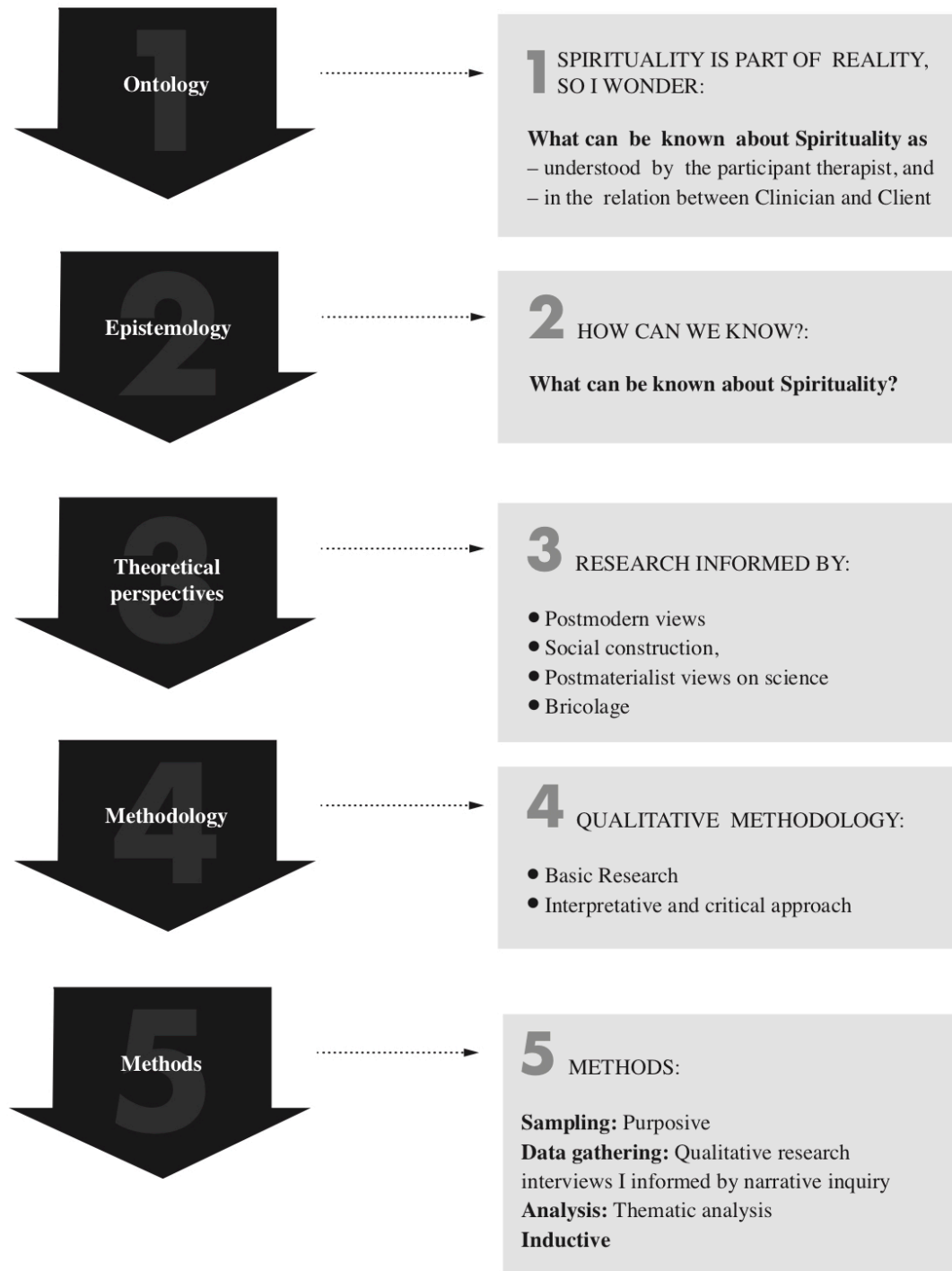
How do Psychotherapists Understand, Navigate and Experience Spirituality in their Professional Encounters with Clients?

Research is often categorized as basic or applied. Basic or pure research "is motivated by an intellectual interest in a phenomenon and its goal is the extension of knowledge," while applied research aims "to improve the practice of a particular discipline" (Merriam & Tisdell, 2016, p. 3). This inquiry could be understood as belonging to both categories. It is basic research, since generated findings might extend existing knowledge on psychotherapy. Applied research on the other hand, generates knowledge that can inform those who are in a position to take decisions relevant to the matter studied. Knowledge generated by this inquiry's basic research could have applicable results, inspiring other clinicians in their daily practices. It could also inform those responsible for implementing training programs for psychotherapists and mental health policies so that spirituality in clinical practice is given the necessary attention.

A qualitative design was seen as appropriate to gain an understanding of how the interviewed clinicians interpret and give meaning to what they understand as spiritually charged experiences and how these have impacted them personally and professionally. Qualitative research aims to understand the meaning that the participants give to their experiences, and is not aimed at finding causes or making predictions on a given phenomenon, nor on finding how it is distributed among the population (Merriam & Tisdell, 2016). The way in which the inquiry is designed and implemented will depend on the study's goals, the researcher's theoretical and practical knowledge, personal preferences, and his or her philosophical orientation (Crotty, 1998). Crotty describes the organization of a research project in the form of scaffolding with a series of steps aimed to provide the required theoretical and methodological congruence and

internal consistency. Crotty indicates the necessary elements in any research study: ontology, epistemology, theories sustaining the inquiry, methodology and methods, analysis, representation and ethics (Crotty, 1998, p. 4). I elaborated on Crotty's model, where the interconnected steps in the research design lead one into the other, pictured as big arrows on the left side of the page. I added the correspondent content within each step of the inquiry on the right side in the form of a square box illustrating my choices. In order to further build Crotty's structure into my own, I separated the ontology step from the epistemology, even if both are closely related. Crotty points out that often there are discrepancies and even wrong spellings of the concepts of ontology and epistemology (Crotty, 1998). Struggling to get a hold of these fundamental concepts, I decided to "spoon feed" myself, differentiating ontology and epistemology, drawing "container arrow" and the corresponding "content box" to each.

CROTTY'S SCAFFOLDING MODEL:



Before entering the inquiry process of data collection and analysis we need a clear focus on the topic and an understanding of how the subject matter may be approached (Etherington, 2004). However, there are more organic processes such as ‘writing as enquiry’ when we simply know much less and trust in the organic process unfolding (Ibid.). Below I discuss the five elements addressed by Crotty (1998), starting with a discussion about how ontology and epistemology, two related concepts that intertwine within research (Etherington, 2004), manifest in this particular inquiry.

Ontological and Epistemological positioning about spirituality in clinical settings. As I explored in the previous chapter the knowledge this dissertation aims for is not ‘out there’ to be observed and reported about but will be generated through the interaction of the participants and myself. As I also have explained, I do not position myself within a positivist orientation which understands reality as a static entity that can be studied and measured as if it were a tangible object (Merriam & Tisdell, 2016). The meaning the participant and I give to the common product of our dialogues is socially constructed. My task as a researcher is to further interpret on the generated knowledge, and to re-present it in a final discussion. Later in the next chapter on analysis, I describe this process in detail. Once my ontology and epistemology are clarified, two main questions arise from my epistemological approach to the subject matter:

HOW can we know about the psychotherapists’ understanding of spirituality? (that is: Through which methods?).

The other question is:

WHAT can be known about spirituality within therapeutic relations?

These questions were addressed from the theoretical perspective underpinning this inquiry discussed in chapter VI, and which informs the methods and methodology chosen.

CHOOSING A QUALITATIVE RESEARCH METHODOLOGY

While a qualitative methodology appeared appropriate (taking my theoretical frame into account), I also found it interesting that the dynamic and subjective characteristics of spirituality seemed to resonate with a qualitative methodology that considers reality as dynamic and evolving as a complex, multidimensional whole (Merriam & Tisdell, 2016). I also appreciated the possibility given by a qualitative approach to shape the inquiry in different ways when appropriate, implementing adjustments throughout the inquiry. For instance after presenting the research proposal at Blanquerna Ramon Lluïl University in May 2017, I was asked whether the client’s therapeutic ‘expectancy’ and the presented concern would influence whether a spiritually inspired approach was chosen by the clinician. I had not thought about this issue but

finding it relevant I then adapted the rationale of this inquiry and addressed the matter in the analysis and discussion. Originally I had thought of interviewing clinicians from the USA and Argentina, but adapted the design to only include Western European therapists in order to limit the sample to a geographical area, where there has been little focus on the topic. Likewise, since a qualitative approach encompasses an array of methodological choices this enabled me to choose the methods for data generation (qualitative research interviews) and analysis (thematic analysis) which I found relevant (Patton, 2003; Yin, 2011). My intention was to allow the participants to express their views and practices without limiting our dialogues to a number of categories presented as questions decided upon beforehand, since the phenomena I wanted to address are the result of a system with complex interrelations that cannot be reduced to its parts (Patton, 2003).

Five characteristics of this research approach. In this inquiry I was interested in the psychotherapists' own reflections about spirituality in clinical work and their re-telling of such encounters, told in a live interaction with me as a normal conversation between colleagues. I was not interested in observing their professional or personal practices or having access to their written accounts to see how these reflected a spiritual quality. In keeping with Yin's (2011) discussion of five key aspects in qualitative inquiry, I found that my approach here resonated with Yin's first aspect which implies studying "the meaning of people's lives under real world conditions" (Yin, 2011, p. 8), so that the participants can make their own choices within a more natural context and are not restricted to observations in a laboratory following the researcher's requisites. My main goal was to access the meaning the participants attached to their practices and experiences and the nuances they expressed in our dialogues, which resonated with a second key aspect of qualitative research, namely its "ability to represent the views and perspectives of the participants" (Yin, 2011, p. 8), enabling access to the meaning the participants give to experiences and events in their real life. In keeping with these views, as a researcher I aimed to allow the participants to express ideas in their own way, giving priority to matters they found relevant and shaping their own stories, which is also aligned with social constructionist views (Anderson, 1997; McNamee, 2010). My participation as researcher was intended to support the unfolding of the participants' narratives without imposing my own perspectives and preconceptions.

I wanted also to pay attention to contextual factors, like social, institutional and environmental conditions that could influence the participants and their clients' lives, and was likewise concerned with giving the participants freedom to frame their answers about present conditions and former events or to project themselves into the future while reflecting freely

around themes they associated to the topic. In this inquiry, the participants were given freedom to formulate their own understanding of spirituality, phenomena experienced as spiritual, what they considered appropriated interventions. This is in keeping with a third aspect within qualitative research addressed by Yin (2011, p. 8), which points to the freedom allowed to the participants to address the complexities in their reality, in opposition to what is the case in experimental approaches or surveys which control external conditions by limiting variables and questions in order to narrow the participants' choices, excluding themes outside the study's goals (Ibid.).

Besides, I intended to explain real-world events through the generation of new insights, revisiting existing constructs and challenging existing ideas, which is in keeping with a fourth aspect of qualitative research addressed by Yin (2011). My goal was to stay open to and validate the diverse implementations of spiritually sensitive approaches addressed by the participants. Since the research design within a qualitative research methodology is flexible and allows for the implementation of different practices (Ibid.). Though I prepared a guide in the form of Lines of Inquiry (see *Appendix 2*), these were not applied in a rigid manner, so that the interviews developed differently with each participant, where I followed their views with new, unprepared questions and reflections.

The complexity of the topic was addressed by acknowledging the diversity of the information obtained through the data generated from the transcribed dialogues with each of the participants. (Merriam & Tisdell, 2016; Yin, 2011), which corresponds as well with a fifth feature of qualitative research according to Yin, namely the possibility to utilize different sources to "collect, integrate and present data" (Yin, 2011, p. 9). In order to provide credibility and readability to this study I compared knowledge generated in dialogues with different participants around similar themes presented in the findings and then addressed that in the discussion. This comparative process of "capturing and respecting multiple perspectives" (Patton, 2002, p.546), is addressed as triangulation (Flick, 2015). In the following sections I explain how different approaches to qualitative research seemed relevant here.

Integrating an interpretative, critical and postmodern approach. As a researcher, I wished to gain an understanding of contextual aspects that contributed to shape some of the participants' views and attitudes towards spirituality (Gergen, 2015; Merriam & Tisdell, 2016). I therefore integrated an interpretative and critical research perspective as described by Merriam & Tisdell (2016) as is frequently employed in qualitative research. In keeping with the social constructionist and post materialist theoretical perspective underpinning this study, interpretative research is based on the view that reality does not exist 'out there' to be studied

and quantified but is instead the result of social construction (Gergen, 2006). Likewise, I understand reality as dynamic, not static and not being only one reality, but multiplicities of possible interpretations about the world. As a researcher I therefore intended to address, represent and discuss the participants' manifold views and practices on the subject matter.

I expected that at least some of the participants would have contested what has been the status quo of the psychotherapy profession towards spirituality, so through our dialogues my aim was to allow for them to express their ideas, including their challenges, while being transparent about my own views. I intended to go beyond the interpretation of phenomena related to spirituality in clinical practice, while being attentive to a critique of and confrontation with a particular situation related to subject matter experienced as oppressive by the participants, or as a conflict they addressed and tried to emancipate (Merriam & Tisdell, 2016). From a critical perspective I focused on how existing structures within mental health care or other contexts could be understood to consolidate power and how this was negotiated by the participant clinician in order to “challenge, transform and empower” and promoting change through contesting the status quo (Crotty, 1998, p. 113).

From an interpretative perspective, my goal was also to understand the views and experiences of the participants related to how spiritual matters were addressed. I am concerned with of the exclusion of spirituality from clinical training and psychotherapy, of how some scholars seem to avoid naming spirituality, and of how structures within mental health care might restrict what can be talked about within a psychotherapy context.

METHODS

In this section I discuss the methods I chose to generate and analyze the data. The word Method means literally “the road or way to a goal” and is used to convey “a particular procedure for accomplishing or approaching something, especially (in) a systematic (way)” (Kvale, 1996, p. 95). It stems from the Old Greek “*methodos*” meaning 'pursuit of knowledge', from meta (expressing development) + hodos (way)” (Ibid.), and within social research refers to the plan of action and strategies or research practices implemented in order to achieve the research goals (Crotty, 1998). Some of the ideas on how to give shape to this inquiry, the questions I pursued, and other more or less conscious themes I address here were informed by a small study I previously conducted in Norway on how twelve senior psychologists and psychiatrists experienced spirituality in their lives and practices (Carli, 2012). As I explained in the Introduction, my interest for the subject matter is the result of a long period of time where I gradually became more focused on the content and aims for this inquiry, which I wanted to be

clear before choosing a strategy, or method (Kvale, 1996). In turn, the choice of strategy, the type of data I wanted to generate and some of the questions I thought to address depended on the context where the research is carried out (Denzin & Lincoln, 2005). In the sections below I illustrate how was this applied to my situation.

Once the methodology was clarified, I elaborated the criteria for a participants' sample and chose qualitative research interviews as the method to generate knowledge relevant to the research question. I then chose thematic analysis as a method to approach the generated data. In the following sections I give a detailed account of the methods employed and the rationale behind these. I start by presenting the research sample.

THE RESEARCH SAMPLE

Since my goal was to access nuanced accounts on how the participant psychotherapists understand, navigate, experience and integrate spirituality in clinical contexts, I did not consider a random sample to be appropriate for my goals and chose instead a purposive, nonrandom or expert sampling where the researcher makes strategic choices in order to decide which participants are the most appropriate for the study (Palys, 2008; Patton, 2003). I chose to call the participants "experienced therapists" or "seasoned clinicians", referring to their longstanding clinical experience. As such I expected them to have the knowledge and experience to represent what Patton calls "information rich cases" (Patton, 2003). Postmodern ideas underpinning this dissertation contest the concept of expertise or a singular voice defining a particular domain of study (Gergen, 1985; Hughes, 1996), however, in this inquiry the participants have personal expertise in the subject matter due to their particular interests, experiences and practical knowledge. As a researcher I am not the expert here.

Patton (2003) describes forty different strategies for purposive sampling, among these, 'intensity sampling' was seen as the most appropriate, since it approaches information rich participants who can provide differences of intensity or depth on a particular matter without necessarily having great variation in their positions. In intensity sampling the researcher seeks for excellent and rich cases in order to give shape to "a sample of sufficient intensity to elucidate the phenomenon of interest," yet avoiding extreme or unusual cases (Patton, 2003, p.171), a statement I found to be in accordance with the goals of this study and the chosen methodology.

Selection criteria. One of my requisites for contacting potential participants was to understand their interest in being interviewed on the broad field of 'psychotherapy and spirituality.' I did not select the participants according to their theoretical or psychotherapeutic

orientation, nor their spiritual stances, in keeping with purposive sampling where the selection of informants relies on the researcher's judgement (Patton, 2003). I welcomed those who wanted to participate and collaborate, allowing myself to be surprised and engaged when they disclosed their practices and spiritual orientations during our dialogues. Once I decided to focus only on Western European participants, I did not eliminate anybody until I reached 15 participants.

During the interviews as a researcher I tried to allow myself to be open, wonder and to be curious, hoping that such an attitude would add freshness to the participants' contributions and give spontaneity to my own reflections. I therefore chose not to send the lines of inquiry beforehand (something one of the participants later said he missed). Instead, I explained the focus of study as "psychotherapy and spirituality," which seemed open and wide enough for each participant to convey what they found relevant. I thought this could allow for some spontaneity and naivety, allowing the person to be surprised by his/her own reflections in the interview situation, instead of preparing themselves and having a pre-determined idea of what we would talk about. Yet, in order to meet ethical demands, I had to inform the participants beforehand about my intentions and the main area of study so they would have a realistic expectation to what the inquiry was about.

Giving shape to the sample. Originally, I had thought about doing a local study, interviewing only psychologists and psychiatrists living in Norway, but then changed my mind during the process of elaborating the application for a PhD. After getting involved in different activities outside Norway, such as workshops and conferences, I saw the value of having access to the narratives of clinicians from different countries. Gradually, I started to give shape to an "ideal sample" and "imagined" the participants before starting the inquiry. I then decided that the participants should have at least ten years of clinical experience. The participants in the final sample ended up having more than twenty years of clinical experience and most of them had worked over thirty years as clinicians.

Among the requisites for the participants I considered that:

- First and foremost, the participant should be interested in matters related to spirituality and psychotherapy, agree to being interviewed and accept participation in a follow up. This meant reading the transcript of our conversation, making suggestions and if necessary, having further contact by mail or conversations.
- The participants were to be contacted by me through professional or other activities, /or be recommended by other people. I would personally do all the interviews.

- The participants should be from different Western European countries and languages in order to show some variation in their personal background and work contexts.
- They should have minimum ten years of clinical experience, having worked with clients on a regular basis, at least 6-10 clients per week.
- To start with I thought the number of participants would be around eight or ten but I ended up with fifteen, with three participants from four different countries and three with a little variation in geographical background.

The imagined and the real participants. When I wrote the first list of criteria for selection, I had met only a few potential participants, and had some ideas on relevant selection criteria. However, I stayed open to being surprised by other characteristics of the participants that I had not imagined beforehand. Within the given frame of the imagined criteria, other qualities could emerge that might be new for me and even for the participant. Since the inquiry was carried out in a collaborative way, during our conversations and/or after being presented with the transcriptions, the participants were invited to share their reflections, particularly about aspects they had not acknowledged during our talk. I stayed attentive to new insights the inquiry process could facilitate for the “real” participants -not those I had “imagined.”

Though the sample was not intended to be representative, I aimed for some diversity. I re-contacted two Norwegian participants who were interviewed for the previous study and whom I thought were relevant now. I also contacted another, new colleague in Norway: making it three Norwegian participants. I could easily have interviewed more Norwegian participants but decided on variation. Soon I had three English participants, and three Danish colleagues. I tried then to have two or three from another country where I had professional connections and approached two Swiss participants. Since I am presenting this dissertation in Spain, I wanted to have Spanish participants, and succeeded in contacting and interviewing three Spanish colleagues. One participant did not want their nationality disclosed. I had now fifteen Western European participants and felt saturation was being reached. The many pages of transcripts urged me to stop recruitment of new participants.

In the original research proposal, I had thought I would interview three participants from the Americas and some from Europe. Once I got underway, I decided to focus only on Western European participants which I thought could give the sample some consistency, since they all came from societies that have undergone a similar process of secularization in recent years. Additionally, I thought there might be some similarities when it came to work conditions since

in most Western European countries social welfare covers part of psychotherapy treatments, which allows therapists to work with clients from a variety of social and economic backgrounds.

Recruitment of participants: direct contact and snowball method. I approached participants directly: some were contacted in activities related to spiritual matters where I asked them to participate. I also used the ‘snowball’ method, in which a participant or other persons, were asked to suggest colleagues that met the sample criteria (Dalen, 2004). Contacting participants from Spain became a little more complicated. I used both the snowball method and eventually recruited two relevant participants. I also wrote an email to three Spanish psychotherapy clinics whose homepage suggested a spiritually informed perspective asking if any psychotherapist there wanted to participate. I then got the third Spanish participant.

I also wanted to stay open to the possibility of interviewing psychotherapists with backgrounds other than psychology as long as they had a clinical qualification allowing them to practice psychotherapy in their country of residence. This became important since in some countries only psychologists and psychiatrists have training allowing them to do clinical work, while in other countries social workers and other professionals could obtain such qualification.

Who are the participants? The participants in this research study are fifteen Western European psychotherapists, eleven women and four men. Their ages ranged from late forties to late sixties at the time of the interviews. One of the participants was a Jungian analyst, one had counselor education, and another was a psychiatrist. The other twelve participants were clinical psychologists. Two of the clinicians were born in other countries than where they now lived and worked, but all were born and educated in Europe. For the purpose of confidentiality, I chose not to go in detail about their country of origin and registered the participants based on the country where they now worked. All participants have been working as psychotherapists for more than twenty years. They worked in six European countries: Norway (3), Denmark (3) Switzerland (2), England (3), Spain (3) plus a Central European country which the participant did not want disclosed. I chose these countries for a series of reasons. Norway because I live and work here, and I knew a few relevant colleagues to interview. The same is true for Denmark, since I knew two psychotherapists there, and one of them introduced a third one. I often travel to England to participate in meetings and workshops that bridge spirituality, consciousness studies and science, and sometimes psychotherapy, so I recruited three colleagues there.. I knew a clinical psychologist in Switzerland and later contacted another Swiss participant during a workshop. I also became acquainted with a psychotherapist from Central Europe whom I had approached to learn about some shamanic practices, and after a while I asked her to participate. I then wanted at least two participants from Spain, and eventually succeeded in getting three:

two from Catalonia and one from Madrid. Since I will present this dissertation at a Spanish university in Barcelona, I thought it would be relevant to have some Spanish participants.

Limitations of the sample. The participants came from different countries and backgrounds however, within the theoretical underpinnings of this inquiry, my goal was not to recruit a representative sample. Yet, I wondered whether there would be significant differences in their approaches due to variations in cultural and religious backgrounds. However, I thought that cultural perspectives, though often significant, might not play a central place among these participants since they could be understood as belonging to a shared *form of life* of spiritually minded psychotherapists. I have already discussed some of these ideas in chapter V, and I address these again in chapter XII.

After years in Norway as a migrant psychologist working with clients from diverse cultural backgrounds and spiritual interests, as well as my many travels around the world, I have become ‘color blind’ when it comes to clinicians with a common interest, since we could be considered a ‘culture’ in ourselves, particularly the ‘tribe’ of spiritually minded psychologists across borders. However, when I presented the research proposal in different PhD student settings, several scholars raised the question of culture as something to look at. I kept this issue at the back of my mind and address it when re-presenting the findings and in the Discussion chapters XIV and XV. My own experiences - or maybe biases or prejudices - on the matter of culture tell me that people are more alike than different, and that religion or culture do not always play such an important role in human interactions particularly among trained psychotherapists I meet in different international venues. But as I have said, this could be my bias, so I tried to keep my suppositions aside and instead look for information within the conversations with the participants that could indicate otherwise.

INTRODUCING THE FIFTEEN PARTICIPANTS

In order to contextualize the findings, and before re-presenting the therapists’ views, below I present the fifteen clinicians interviewed, who were aged 45 to 68 years old. They had different religious backgrounds ranging from very committed to more relaxed Roman Catholic families (7), members of state Lutheran churches in Norway or Denmark (3), Christian Orthodox (1), Scandinavian and completely secular (2) and an undisclosed religious background (1). Without this being my intention, most clinicians – seven in total – came from practicing Roman Catholic families from Spain, England and Switzerland: this surprised me, and I then realized that I had expected some English participant to belong to the Church of England, and I might have expected a Lutheran participant from the German speaking part of

Switzerland, probably due to my lack of knowledge on the numbers of Roman Catholics in these countries.

It appeared as if most participants shared similar worldviews, with an understanding of spirituality as independent of organized religion in keeping with perspectives that are increasingly popular in Western societies (Drescher, 2016; Sheldrake, 2017; Torralba, 2016). As I address in chapter XI, most participants seemed to understand spirituality as having an innate, transcendental or perennial quality (Ferrer, 2000) as well as a contextualized, constructed dimension (Bidwell, 2016, 2018). Before approaching the participants, I knew nothing of their personal spiritual background and stories, or of the way in which they understood, approached and integrated spiritual matters in their private and professional lives. Even those participants I already knew a bit about were not close acquaintances, and most of them were complete strangers to me. In spite of variation in the participants' cultural and professional backgrounds, the sample was not intended to be representative nor multicultural.

TABLE 1- THE PARTICIPANTS' PSYCHOTHERAPEUTIC ORIENTATION

Pseudonym N =15 Male: 4 Female: 11	Psychotherapy Trainings	Psychotherapy Approach now
Celia Psychologist	Counselling Spiritually Oriented	Integrative approach Spiritually Oriented
Carne Psychologist	Eclectic Narrative	Narrative Integrative
Ella Psychologist	Psychodynamic Bioenergetics	Psychodynamic Somatic Experiencing
Effie Psychologist	Psychodynamic Integrative	Spiritual approach, Working with Qualities
Flor Psychologist	Psychodynamic Sexology	Psychodynamic Somatic Experiencing
Helen Jungian Analyst	Jungian Analysis Holotropic Workshop	Jungian Analysis Holotropic Workshop
James Psychologist	Cognitive Psychotherapy	Cognitive Psychotherapy
Jamie Psychologist	Psychoanalysis Somatic Experiencing	Somatic Experiencing Integrative
Kitty Psychologist	Family Therapy Narrative	Family Therapy Narrative
Line Psychologist	Body Oriented Psychodynamic	Body oriented Integrative
Pablo Psychologist + Priest	Psychodynamic Narrative /Psychotherapy	Narrative Psychotherapy
Peter Psychologist	Psychodynamic	Nowadays only one screening Using Source of Meaning (So Me cards)
Petra Psychologist	Cognitive Body oriented	Integrative approach Shamanic inspired
Rene Psychotherapist	Integrative Psychotherapy Humanistic + existential	Integrative approach cognitive, psychodynamic, transpersonal and body-oriented approaches
Thom Psychiatrist	Cognitive Person Centred; Body oriented ACT; Focusing therapy	Integrative approach -ACT Person Centred Somatic Experiencing

TABLE 2 - THE PARTICIPANTS' RELIGIOUS FAMILY BACKGROUND

Family's Worldview	Total N = 15
Roman Catholic	(N= 7)
Christian Orthodox	(N= 1)
Lutheran	(N= 3)
Secular	(N= 3)
Undisclosed	(N=1)

TABLE 3 - THE PARTICIPANTS' SPIRITUAL STANCE NOW

Worldview Now	Total N=15
Open, transpersonal	(N= 12)
Roman Catholic	(N= 2)
Bridging Science and Consciousness studies.	(N= 1)

A BRIEF PRESENTATION OF EACH PARTICIPANT

What follows is a short presentation of each participant, their age, kind of work, where we met for the interview and the language we spoke. Pseudonyms were chosen by the participants themselves.

Celia: Celia is a clinical psychologist in her sixties who has worked in private practice for more than thirty years. She lives in England and works as a psychotherapist for adults. She provides individual and group therapy and is a senior psychotherapy trainer. We had our conversation over Skype, for one hour, in English. We had met at a workshop on spirituality and clinical work a few weeks before. Celia comes from a Roman Catholic background but now holds a more inclusive, extensive understanding of spirituality. Since she started working in her twenties, Celia has been active in the integration of a spiritual perspective within psychotherapy and counselling, and in teaching this approach to others.

In later years, Celia has become interested in Ecopsychology and how related practices, like contact with animals and nature, may contribute to psychological healing, particularly when those practices contribute to bringing kindness and healing to the suffering of animals and the earth. This is also part of her spiritual practice

Carme: Carme is a clinical psychologist in her fifties who has been working within public health services for the last thirty years. She believes that receiving mental health

assistance without extra payments is a human right, so she opposes private paid practices. We had a conversation by telephone, for one hour, in Spanish. Carme works at an outpatient clinic at a provincial hospital in Catalonia, where the clients attend for therapy / consultation “just as if they were attending to their hospital services” as Carme puts it.

Carme is training as a generative coach and is interested in integrating hypnotic work inspired by Milton Ericson, as well as the work of Carl Jung. We never met or saw each other since Skype did not work properly. Other Spanish colleagues declined being interviewed due to lack of interest in spiritual matters and recommended Carme, who I contacted via mail. Carme grew up in a Roman Catholic family and has kept her childhood faith. She highlights the respect her parents showed for other people as an inspiration. Her spiritual practice consists in trying to be conscious in her everyday life, when eating, walking, and being with others. Carme is interested in the bridging of spirituality and science, she reads inspiring spiritual books and attends church services, less for sermons and more for having a physical place where she feels contained and able to center herself. Carme highlights the progressive and inclusive character of the Catalan Church she belongs to, both when it comes to Catalonia’s rights in particular, as well as human rights in general.

Effie: Effie is a clinical psychologist in her sixties, born in Greece and working in Switzerland for more than thirty years when she became a psychotherapist and works only with a spiritual orientation with adults. Her clients come from different walks of life. I interviewed Effie at her office in a large Swiss city. We had two conversations of one hour each, in English. In the first hour, Effie offered to show me how she worked, which I accepted. After this personal session she later explained her rationale. The next day we met again, and I interviewed her. Effie and I had met some months before at a meditation work shop and I asked her to participate. I was not aware then that Effie had worked with a spiritual approach to clinical work for many decades, together with her late husband Manuel Schoch (2005)

In her clinical approach Effie draws from psychodynamics, deep body awareness and guided imagination which is enriched by her understanding of perennial philosophy. Her goal is to aid the client in experiencing the boundless quality of our essence, beyond the mind and the stories we create. This is done by closing the eyes, going inside and being open to what manifests in thoughts or sensations, with no effort or reasoning and without trying to judge or correct anything, but by simply becoming aware and trying to express that awareness, though words are often difficult to find since this is a nonverbal experience. Effie simply relies on her full presence, no techniques. Effie’s spiritual practice is anchoring herself through awareness

exercises aimed to center her consciousness and her body. This refines her attention and intuition through an inner guidance which sometimes develops into new clinical approaches.

Ella: Ella is a clinical psychologist in her sixties. She works in Norway in a state supported clinical practice. We had a one-hour interview at my place, in Norwegian. I had met Ella a few times in recent years when attending various workshops for clinicians. When Ella was a child, her family converted to an Evangelical faith where they “speak in tongues” during services. She became quite involved in her church as a teenager, and later distanced herself due to strict limitations on her life as a young adult. Ella has kept an open and integrative view on spirituality as an adult that permeates her clinical work. Ella is qualified as a child and adult psychotherapist. As a clinician Ella integrates a psychodynamic understanding with body-oriented perspectives as Somatic Experiencing and Trauma Releasing Exercises (Berceli, 2005). Her main aim is to help clients re-contact the soul. Ella’s spiritual practice is related to contact with animals and nature, as well as trying to be present in her everyday life and be caring to herself and her surroundings.

Flor is a Catalan Clinical Psychologist in her late forties who has been in private practice in Catalonia for more than 20 years. She works with adults and adolescents within a spiritually oriented psychotherapy approach, including Somatic Experiencing, Trauma work and Sexology. We spoke by Skype, in Spanish for 1.5 hours. I contacted Flor by sending an e-mail to three psychotherapy clinics with a spiritual profile in Spain, and she was the only one who answered. Flor comes from a secularized Roman Catholic family. To her mother’s surprise she started reading the New Testament in her teens and took Jesus’ message to her heart. She found deep wisdom in Jesus’ teachings as both a valuable path to follow spiritually and a source of psychological knowledge. Flor is not a practicing Roman Catholic but holds a more inclusive view, open to different sources of spirituality.

Flor has already gone through a process where she was fearful of being criticized for being a spiritually minded psychologist, but not anymore. Now she wants to be open about where she stands spiritually, since she sees life as a continuum. Flor (*Flower*) chose this pseudonym because it symbolizes her spiritual blooming and growing. Both Catalan psychologists, Carme and Flor brought a political reflection. Flor is critical of the independentist movements in Catalonia and experiences the possibility of separation from Spain as a source of suffering and fragmentation, even on a spiritual level, and conveys her own and her clients’ concerns about it. Flor’s practice is trying to be conscious in her everyday life, praising encounters with other people, particularly through extensive journeys to distant places, which she experiences as a kind of meditation and pilgrimage.

Helen is a therapist in private practice in Denmark; she is 68 years old and has been working for more than twenty-five years. We met at her office and had an hour-long conversation in English. We had met some years before in various spiritual workshops, but we had never spoken in depth about her clinical work. For a long time I had been interested in Helen's clinical work because she appeared to be a warm and reflective person, with an open mind and capacity to integrate different approaches in a creative and compassionate way.

Before becoming a therapist, Helen had worked with theater production for several years. She was also politically active during the 70s. Later Helen became a Jungian oriented psychotherapist and gradually became interested in spiritual matters. Helen has a private clinical practice, integrates Jungian psychotherapy and Grof's Holotropic Breathwork (Grof & Grof, 1992; Grof, 1998, 2000) as well as shamanic approaches. She works with adults from different walks of life. Helen comes from a secular family with no interest in spirituality. Helen's main spiritual practices are meditation and creative work, and she has no religious affiliation but is interested in a transpersonal perspective on spirituality.

James is a clinical psychologist, PhD, in his late 40s with more than 20 years of clinical experience who lives and works in England. We had our conversation on Skype, in English, for about 1 hour just a few weeks after we had met at a workshop hosted by the Scientific and Medical Network (SMN) in the UK where we became engaged in conversation about how an understanding of consciousness beyond the material limits of the brain could have implications in our clinical work as psychotherapists. Back at home, I sent James an invitation by mail and a letter of consent to which he promptly responded. James was brought up Roman Catholic, but stopped attending services in his teens and does not see himself as religious. He conveys being grounded in a scientific view and is interested in bridging spirituality, consciousness studies and science.

James has a private practice with mainly middleclass young adults working in various jobs within a cosmopolitan and, as he puts it, materialistic milieu. James says that the majority of his clients would call themselves atheists - but if you question them a little more, they may say they think 'there may be something more there.' James' personal practice consists of meditation. He is also interested in studies on consciousness and stresses he also wants to keep a scientist's perspective when approaching spiritual matters.

Jamie is a clinical psychologist in her late 40s who has been working for more than 20 years as a clinician. Jamie works in Central Europe and does not want her country to be disclosed. She is a practicing shaman and has extended her understanding of spirituality beyond any religious perspective: she does not want to be identified with a country or particular

religious tradition. Jamie read and corrected this presentation of herself through several e-mails we sent to each other.

Jamie works in public mental health services with people with different issues, some severely traumatized. In addition, Jamie has a small private shamanic practice, where I met her for our conversation in English which took about 1 hour and 15 minutes. After learning of Helen's shamanic approach, I eventually contacted Jamie to do some shamanic exercises. We had many interesting conversations and I asked her to participate in this study. Jamie has a background in Psychoanalysis and other psychotherapy approaches that include working with body memories, as well as trauma and family work, including Somatic Experiencing. She later studied shamanism which she integrates with different body-oriented approaches. Jamie only discloses her shamanic stance in her private practice, but she invites her clients to do a ritual to symbolize overcoming past difficulties when working in her state job. Jamie's private practices include shamanic rituals, consultation with helping spirits and she participates in shamanic groups around Europe as part of her training.

Kitty is a clinical psychologist in her 60s who has been working for more than 30 years in the UK as a psychotherapist with adults, families, young people and children. After a few years as a researcher, she qualified as a clinician for adults and children through different trainings, including systemic family therapy and EMDR, among others. We had an hour's conversation over Skype in English a few weeks after we met at the workshop on Spirituality and Psychotherapy where I also met Celia. Kitty provides individual and family therapy within different charities in the UK. She has worked with several clergy families as well as with young people struggling with religious pressure from family members.

Kitty comes from a practicing Roman Catholic family and attended Convent schools but as a teenager she started to rebel, and later distanced herself from organized religion, yet she still conveys a deep appreciation for the values of her family upbringing. Even if Kitty no longer identifies as Roman Catholic, she is still comforted and protected by holding her father's rosary, which he carried as a soldier during the entire length of WWII, never once being injured.

Line is a psychologist in her late sixties who has had a private practice in Norway for more than thirty years. Our conversation lasted one hour, at her office, in Norwegian. I have known Line since our student days in Oslo, in the 80s, when she was a young psychologist interested in meditation, Gestalt therapy and other approaches outside the mainstream. Few people meditated then, and most teachers at the Psychology faculty seemed to consider yoga and meditation as some weird "Indian" stuff, quite "outside the box." After graduation, Line did not follow a formal training program to become a clinical specialist which would have

required working in different state institutions for several years under the supervision of senior colleagues. Instead, Line started her own private practice where she integrated approaches that were taught outside university, particularly Neo Reichian bodywork with deep breathing and awareness of bodily processes, which is enriched by her wide knowledge of different spiritual traditions. Line's upbringing was within the Norwegian Lutheran church.

Many years after our student days we met at Tibetan Buddhist courses. I thought she was by then a Buddhist practitioner, but she surprised me saying she was not a Buddhist but a spiritual person. Line's personal practice is meditation and spiritual studies from different sources.

Pablo is in his 40s and works as an ordained Roman Catholic priest at a parish in Madrid, as well as a clinical psychologist with a Master's degree in Narrative Psychotherapy. He has been working as a psychologist for about fourteen years, longer as a priest. Pablo's master's thesis is published and deals with a case of so-called demonic possession which he discusses in our interview. We never met in person, but had an hour's interview over the phone, in Spanish. A colleague and mutual friend put us in contact. Even if we did not know or could not see each other, our conversation was fluid and open. Having studied psychology for some years, Pablo felt God's call and decided instead to become a priest. He was ordained about twenty years ago, finished his psychology studies fourteen years ago, and later qualified as a psychotherapist.

Pablo works as a clinical psychologist at a Social help center run by a Catholic organization which they call "A Centre for Listening -or to be Listened to" (Centro de Escucha) where he attends bereaved and deprived people, particularly those negatively affected by the economic crisis that struck Spain some years ago. Pablo also works as a Catholic priest, officiating at masses, teaching children, holding youth camps, and much more. Pablo's spiritual practice involves prayer, mass, reading and contemplating scriptures and social work.

Peter is a clinical psychologist, in his 60s with more than 30 years of experience in different areas of Mental Health. Peter lives and works in Denmark where we had an hour-long interview, at his office, in English. I had met Peter at Scandinavian conferences and courses on the integration of spiritual and religious matters in Mental Health. Peter works at a state center and mainly uses a dialogue-oriented approach which is client centered and psychodynamic oriented. Peter was brought up in a secular context where his mother was particularly interested in Astrology and other alternative views from which he distances himself. He was a shy and sensitive child and had several transpersonal experiences during childhood. As an adult such experiences emerge particularly during meditation but also during normal daily activities. Peter's practices include pilgrimages to spiritual places and meditation.

Petra is a clinical psychologist in her 60s who works and lives in Norway. Petra works with clients with substance dependency/drug abuse at a public hospital and has a small private practice. She works with adults. Her clinical approach is eclectic, client centered and integrates body work when appropriate. I had interviewed Petra some years previously, for a project on the spirituality of Norwegian psychotherapists: this new interview lasted for about an hour, in my office, in Norwegian. Petra and I studied around the same time in the late 70s- early 80s, but we were never acquainted. We studied in quite opposite theoretical fields that kept us apart in our student days. While I preferred the Psychodynamic perspective, Petra chose the Social Clinical/Cognitive (which for us was ‘The Others’). More than thirty years later Petra and I laughed about those opposing views, from which we had both now distanced ourselves. Later in life we met at workshops integrating spirituality, science and consciousness studies, and found that we had a lot in common.

Petra comes from a secular family with no spiritual interests, yet she recalls being a sensitive and open child who always felt connected to something larger, particularly nature. Petra can feel energies and, at times, has experiences of being guided. She integrates shamanic practices into some of her client work at her private practice. Her spiritual practices include meditation, shamanic rituals and contact with nature.

Rene is a psychotherapist in his 40s. He has a private practice in Denmark, where he meets clients with different backgrounds and conditions. Rene has a clinical experience of more than twenty years, and is a psychotherapy teacher and supervisor. We had a conversation for one hour via Skype, in English. Rene and I had met a few times at meditation retreats. When I learned he was a psychotherapist, I asked him to participate in this research project. Rene’s family background is partly Lutheran and partly atheist. Now he holds an open view on spiritual matters and in his understanding and practices he integrates different views from Buddhism and shamanism as well as a Christian perspective. Rene remembers being an open and sensitive child and has had different transpersonal experiences from childhood until now.

Rene has a holistic approach to psychotherapy that integrates cognitive, psychodynamic, transpersonal and body-oriented approaches within an existential and humanistic framework. He is inspired by the work of Peter Levine (Levine, 2010, 2018), by Ken Wilber’s (2007) integral perspective, Stanislav Grof (1998, 2000) and other transpersonal approaches. Rene has a vast experience in meditation within the Tibetan Buddhist tradition and teaches Mindfulness. These practices permeate his personal life and influence his approach to psychotherapy. Rene’s personal practices include journeys to spiritual places and meditation, as well as different Mahayana Buddhist practices such as *Tonglen* and *Phowa* (Chödrön, 2010; Nairn, 2004).

Thom is a psychiatrist and psychotherapist in his 60s who has been working in clinical practice for more than 30 years. He lives and works in Switzerland. We talked for about 1 hour and 15 minutes in English. Thom's family background was Roman Catholic and he had been quite active in the Church since childhood. As a teenager he became very interested in the teachings of Jesus, but later he rejected the Roman Catholic Church due to what he saw as the uninspiring role model of the late Pope Benedict. As a young man Thom was interested in Anarchism and found parallels between such political views and spirituality, particularly the teachings of Jesus. Later he became interested in Hindu philosophy and Zen Buddhism.

I met Thom at a body-oriented psychotherapy workshop he was leading, and since he conveyed a spiritual view on clinical work at that workshop, I asked him to participate in my study. He kindly accepted and even after two intense days of teaching, he was very engaged during our conversation. Thom has been working with people from all walks of life, often very traumatized and on the margins of society. During his professional life, first as medical doctor and psychiatrist, and later as a psychotherapist, Thom has been interested in different psychotherapy approaches. He was interested in Carl Roger's client centered work, Focusing therapy, CBT and in later years ACT and Somatic Experiencing. He says that his therapeutic interests and competencies integrate well with his spiritual and political views, since his main goal is to help people become free from psychological burdens and become more centered in their own lives. As a personal spiritual practice Thom tries to be grounded and conscious in his everyday life.

RESEARCH AS AN INVITATION

A collaborative approach to interviews. My theoretical positioning within a relational and social constructionist stance influenced the collaborative ways in which the interviews were implemented and analyzed (McNamee & Hosking, 2012). However when using co-created conversations, analysis is part of an organic process, rather than a separate activity, where researcher, with the participant, makes sense by listening and asking meaning-making questions to thicken the participant's story, such as: How did you make sense of that at the time? How do you see it now? (Etherington, , 2016a; Kvale, 1996). The participant on the other hand, is also making-sense by replying to the researcher's questions. Similar to what happens in psychotherapy, both researcher and participant having insights and realizations as they speak. I will return to aspects of this ongoing analysis in more detail in next chapter.

This collaborative attitude also influenced the way in which the interviews were written down, keeping up a dialogue with the participant in the form of memos or emails and inviting them to respond to the transcripts (Kvale, 1996; Roulston, 2010). I also tried to keep a relational, collaborative perspective in the final writing of the dissertation, sending the participants parts of the cited material from their dialogues for a final comment. Within a research process grounded on social constructionist and collaborative perspectives, each action taken by the researcher is to be considered an invitation of a particular form of co-creative interaction (McNamee, 2010). Within this frame of understanding, I tried to keep a reflexive attitude throughout the study, being attentive to whether my actions enhanced my relationship with the participant as well as contributed to the generation of relevant data (McNamee, 2010).

DATA GENERATION: QUALITATIVE RESEARCH INTERVIEWS

I used a semi-structured interview, with open questions that developed in an organic manner into a conversation about topics related to the research question (Kvale, 1996; Merriam & Tisdell, 2016) and followed up with questions in order to clarify meaning and co-create a meaningful narrative (Kvale, 1981, 1996; Patton, 2003). In the following sections I give a rationale for my choice of semi-structured qualitative interviews (Kvale, 1996) as a method of data generation which appeared appropriate since a qualitative inquiry “focuses on meaning in context, [so it] requires a data collection instrument that is sensitive to underlying meaning when gathering and interpreting data” (Merriam & Tisdell, 2016, p. 1). Steinar Kvale talks of “Inter-Views” as instruments that can assist us in expanding knowledge on the topic we are studying. Through questions, the interviewer leads the conversation towards the topic of study about which the participant has been invited to recount narratives that are further developed by the interviewer’s attentive listening and follow up questions (Kvale, 1996).

I struggled a bit when considering how to name “what I was doing” when gathering data. I wondered if I should talk of interviews, dialogues or conversations in order to update my understanding and keep it closer to a social constructionist stance and instead call my method “conversations”. However, turning my back on the concept of interviews did not feel right since I also wanted to acknowledge Kvale’s influence in my methodology: I had read his work, in Danish, as an undergraduate student and his then innovative views on qualitative research were significant in my thesis work in 1986. I wanted to honor the layering of concepts, terminologies and multiple voices (Gergen, 2009, 2006) contributing to my professional formation through acknowledging the overlapping and complementarity found in the

intersection of the words “dialogues,” “conversations about lived experiences” and “interviews” which I use to address the method of generating data. Within this inquiry I will not attempt to resolve the tensions that might be identified between these concepts (Wulf, 2017). In the spirit of a social construction stance, what is important is the co-creation of a narrative about the participants’ lived experiences relevant for my topic of study, without trying to find closure to emerging tensions.

Interviews as conversations. My intention was to facilitate the exchanging of ‘views’ between the participants and myself in a dialogue that had a natural, spontaneous quality that allowed for the co-construction of meaning around the topic (McNamee, 2010; Kvale, 1996, Kvale & Brinkmann (2009). An interview is a conversation with a structure and a goal within a context defined and controlled by the researcher, and in this inquiry it was me who chose the phenomenon to be studied and who pursued the actions I considered necessary to obtain particular information around the research question: that was my goal (Kvale, 1996). I wondered how our interaction and dialogues would influence how we came to understand our own spiritual self and how this had come to be constructed up to this point in time since the taking of turns, referring to external situations and sharing internal states, present in us from birth, contributes to the shaping of a narrative self (Josselson, 2013; Stern, 1985). Qualitative research interviews draw from such a multiplicity of verbal and nonverbal conversational forms among humans (Kvale, 1996; Josselson, 2013). When possible, I was also attentive to non-verbal communications, and particularly to the reactions that the participant’s stories generated in me. In this way, through our conversations, the participants and myself co-constructed knowledge and meaning, co-created the evolving narratives and their final interpretation (Kvale, 1996; Brinkmann, 2012). The data discussed in this inquiry did not passively emerge from the dialogues but was generated and co-created through the engaged interaction of the participants and myself (Braun & Clarke, 2013; Denzin, 2001; McNamee & Hosking, 2012).

Qualitative research interviews and Narrative Inquiry. In my approach I integrated qualitative research interviews understood as co-constructed narratives (Kvale, 1996; Kvale & Brinkmann, 2009), with elements from narrative inquiry (NI), particularly the idea of “conversations about lived experience” (Etherington, 2016, 2014; Josselson, 2013). Both of the approaches I used are informed by postmodern perspectives, which I integrated within the frame of thought of bricolage informing this inquiry (Rogers, 2012) which allows for the inclusion of different perspectives (McNamee, 2010). As a researcher I was neither neutral nor distant, but an active, reflexive co-participant in the dialogues through the inclusion of probes or follow up questions (Kvale & Brinkmann, 2009; Merriam & Tisdell, 2016). Though this

study is not a narrative inquiry, some probes were informed by narrative inquiry questions (Etherington, 2016b). I am aware that my reflective participation has influenced the shaping and breathing of the participants' stories.

Semi-structured qualitative interviews as a method of inquiry. Qualitative interviews may be structured, semi-structured or unstructured, the last two options being more frequently used in qualitative investigations (Merriam & Tisdell, 2016). I chose to use semi-structured interviews with some parts being more unstructured and exploratory, with open ended questions addressed in a flexible manner, rather than following a rigid sequence. Semi-structured interviews may have relatively unstructured parts that enable the exploration of the participant's life in relation to the topics studied. The boundaries between a structured and unstructured interview can be at times blurred allowing for a more spontaneous wording of questions in response to ideas and worldviews emerging during the conversations (Kvale, 1996; Merriam & Tisdell, 2016).

APPROACHING THE INTERVIEW SITUATION

Letter of consent. Before the interviews took place, I had sent the participants a letter of consent (See Appendix 1, p. 366) in which I explained the purpose of the study, giving a general idea of what would be addressed in our conversation, but without sending the questions beforehand.

During the interviews. I kept the lines of inquiry on hand which allowed me to shape the narrative in a limited way so that most of the same themes were addressed. However, my intention was to allow the participants to express themselves freely, allowing the dialogue to flow without being restricted or cut off by the next question. A completely open narrative would not have made sense. Even when the conversation developed freely, I addressed the main themes relating to my research question: understanding, navigating and experiencing of spirituality, yet I remained open to other matters the participants wished to address.

I started by conveying the following:

“As you know, I am approaching a small group of seasoned clinicians in order to learn about how they ***understand, navigate, experience and reflect upon moments with a spiritual quality within clinical encounters.*** Among other questions, I would like to ask if you could tell me a few stories illustrating a moment in your clinical practice when you experienced a spiritual or sacred quality through the interactions with your client. You may take 10 or 15 minutes of reflecting or writing about it if you wish.”

After this short introduction I then interviewed the participant using the lines of inquiry below:

LINES OF INQUIRY

In order to address similar topics with each participant I organized ten main questions following a flexible structure, with the aim to cover the main themes addressed in the research question. However, the narrative, and the questions around it, developed in an idiosyncratic way throughout each conversation. Below is an overview of the main questions:

The ten main questions:

1. *“So, to start with I would like to ask you: How do you understand spirituality? What is spirituality for you?”*
2. *“Has your current understanding of spirituality changed in relation to your spiritual upbringing/background/interest/development/previous experience in spiritual matters?”*
3. *“Then I wonder if you could tell a story of a therapeutic encounter where you experienced a spiritual quality or experience? Or where spiritual matters had a central space? Could you exemplify?”* (This question is inspired by Narrative Inquiry as by Etherington, (2014)).
(It could then be followed up by: *“Could you describe one or two more situations like that??”* or *“Could you give an example of such a case?”*)
4. *“What did you do? How did you approach those spiritual/sacred moments or themes?”* (The goal was to understand how the therapist’ interventions and resources).
5. *“How would you say these experiences influenced/affected you personally?”*
6. *“Do you have other colleagues you can discuss spiritual matters with?”*
7. *“Does a spiritual approach depend on the client you work with or the reason they asked for therapy?”* (The goal here was to understand whether particular problems or clients were given a more spiritual approach than others).
8. *“What are your views on psychopathology? How do you understand psychological suffering?”* (Some of the first participants referred to these issues so I included these in following dialogues when relevant to what the participant shared.)
9. *“How do you take care of your own spirituality?”* *“Do you have any personal practice?”*
10. *“Do you think that spiritual matters should be part of the training and/or practice of Psychotherapy? Could you elaborate on this?”* (Here the focus is more on the professional and political consequences.)

Finally, I asked demographic questions such as: age, professional background and training, work experience if that was not already spontaneously addressed by the participant (Patton, 2003).

Implementing the interview: organic, not rigid. The sequence of questions in the Lines of Inquiry were not asked in a linear way. Aligned with a Narrative Inquiry approach, I followed up the participants’ stories attentively since often some of the themes I wanted to understand could develop spontaneously through our conversations. I did start by asking the participant what he/she understood as spirituality. But from here, in an organic way, many would develop narratives that encompassed some of the topics I wanted to address. My idea was to cover the main areas of interest for this project (the participants understanding, addressing and integration

of experiences related to spirituality in clinical settings). In the spirit of a rather exploratory semi-structured qualitative interview, I was not looking for concrete answers to these questions. My goal was to allow for a conversation on the themes to flow naturally, and to “breath” as Arthur Frank puts it (Frank, 2010). The answers to the questions were followed up with probes in the form of further questions to thicken narratives (Geertz, 1983, 1973).

Keeping a collaborative perspective. During the dialogues with the participants I was attentive to their contributions and wishes, keeping present a relational attitude that I hope permeates everything I did throughout this inquiry (McNamee & Hosking, 2012). One way I tried to stay true to a relational perspective was by keeping sending the transcripts of the dialogues and staying in contact with the participants who wished so. I also respected those who did not seem interested to get involved after the interview situation was over.

In spite of keeping a collaborative perspective and acknowledging that this inquiry is co-created by the participants and myself, I chose to call these ‘participants’ and not ‘co-participants’, which is more usual within social constructionist research stressing that *co-researchers, co-participate* in the *co-creation* of the inquiry (McNamee & Hosking, 2012).

The participants’ degree of co-participation has varied. Some became more involved than others, showing interest to follow up our dialogues with longer comments and observations while others did not comment the transcription more than stating the transcript was “fine”. In a few cases, I sent the transcript twice when the participant had not responded the first time, but I did not insist when they did not respond a second time. With a few participants I had several email exchanges to refine matters they had presented, or to discuss the name they wanted me to use for them, or personal information they did not want me to include. As an example of this process of communication with the participant in the Appendix 3, p. 384, I enclose several mails between Effie and me, including her comments to citations of her transcript and my presentation of her.

CHAPTER VII: DATA ANALYSIS, QUALITY
STANDARDS AND ETHICAL ISSUES.

THE ANALYSIS PROCESS.

The analysis process started already during the dialogues with the participants, since in qualitative research analysis is an ongoing process that begins during the interviews, and continues through the processes that follow. In quantitative research – and some traditional qualitative research - the analysis is done *after* the data is gathered (Brinkmann, 2012; Charmaz, 2014; Kvale, 1996; Patton, 2003). Since the participants’ narratives were allowed to develop freely, organizing the relevant material was a challenge and, at times, could appear messy and chaotic due to the enormous amount of information gathered (McNamee & Hosking, 2012). Analysis of qualitative data is indeed complex, demanding and subjective (Kvale, 1996; Merriam & Tisdell, 2016; Yin, 2011), and the best way to overcome feeling overwhelmed by the large amount of information was to read the transcripts thoroughly to get acquainted with the participants’ narratives.

As is the case within semi-structured and unstructured qualitative interviews, themes that seemed important often appeared entangled with other relevant themes, and never in a linear way, but rather in an associative, organic manner (Merriam & Tisdell, 2016). I started by organizing the material around clusters of themes, subjectively I addressed topics related to the research questions and other relevant and interesting matters. Another researcher might have given a quite different shape to the data analysis, the presented findings and the final discussion.

Two perspectives: the purpose of the study and the epistemological framework. Before embarking on data analysis, Merriam & Tisdell (2016) reminds us to think about:

- 1) the purpose of our study and
- 2) our epistemological framework (Merriam & Tisdell, 2016, p. 207).

The purpose of this inquiry was to explore how experienced psychotherapists understand spirituality and how they implemented spiritually sensitive practices in their encounters with clients. One of my goals was to form an understanding of how spiritual experiences were integrated into the participants’ personal lives and their professional unfolding. From a social constructionist stance, I also wondered how knowledge about spirituality was constructed and how meaning about spiritual moments and contents was co-constructed between therapist and client in therapy, and between the participant and me during the interviews. As I have stated earlier, throughout the whole process I also wanted to keep a focus on this collaborative and dynamic aspect (Anderson, 2014; McNamee & Hosking, 2012).

The purpose of this inquiry, and the epistemological framework in which it is situated, became two windows from which to explore the generated data during the analysis process. When I felt I was straying from the purpose and framework for this inquiry, I pulled myself

back to my original intentions. I kept on hand the research questions and Lines of inquiry, and read often a draft of the Methodology and methods (chapter VI). In this way I could check if there was congruence between data from the transcripts I chose to highlight and discuss, and what I had decided I was going to study, and from which perspective. I did not follow a rigid approach to the generated data, since I wanted to relate to it in an open and alive manner. I wanted the data to breathe (Frank, 2010) and I wanted to “breathe” with the data, staying open to new perspectives I had not considered beforehand, something a qualitative allows (Kvale, 1996; Merriam & Tisdell, 2016; Yin, 2011).

The research question: *How do Psychotherapists Understand, Navigate, Experience and Integrate Spirituality in their Professional Encounters with Clients* addresses various areas. So, during the process of analysis I tried to collect themes that could cluster around the main domains addressed in the research question:

1. *The Understanding of spirituality*
2. *Implementing spiritually sensitive approaches* (i.e. Navigating)
3. *The participants’ experience and integration of spirituality in their lives.*
4. *Other relevant and surprising matters.* In this area I tried to be attentive to other themes that could be relevant or unexpected. I was also interested in the participants’ views on psychopathology, how they experienced being a therapist, and their ideas about how spirituality could be addressed in training programs. As I discuss later, these matters were often intertwined with other themes the participants talked about.

Choosing Thematic Analysis. Before starting the interviews, I decided to apply Thematic Analysis since it is a method that addresses the research question yet goes beyond it “and interprets various aspects of the research topic” (Braun & Clarke, 2006, p. 79). Thematic Analysis appeared as appropriate since it makes it possible to identify and analyze relevant themes, as well as reporting patterns among the themes, which allowed me to approach the rich and large data from the fifteen participants in a structured yet flexible way, enabling me to conceptualize and organize significant themes generated during the interviews (Boyatzis, 1998; Braun & Clarke, 2006).

A theme is described as “a pattern that captures something significant or interesting about the data and/or research question” (Maguire & Delahunt, 2017, p. 353). I felt compelled by the relevance given to a search for meaning within thematic analysis which is not just an approach to identify themes but also a tool to interpret the deeper meaning of these in order to say something about a particular matter (Braun & Clarke, 2006). Therefore, thematic analysis

provided the possibility of going into the detail of the narrative of each participant, their personal views and experiences and, at the same time, enabled me to gain a wider perspective of the context around the experiences and views shared by the participants (Braun & Clarke, 2006).

Another aspect that I found interesting and relevant is that thematic analysis does not claim to be objective or to represent the absolute truth about a given matter, It does, however, sometimes include a perspective of social justice, and through showing nuances in the participants' narratives, it might express voices or views which otherwise would remain unacknowledged (Braun and Clarke, 2006). In this inquiry, the participants could not necessarily be considered as lacking recognition or suffering any kind of oppression in the social hierarchy; on the contrary, they maintained well acknowledged professions with considerable social status. However, this professional status could be jeopardized if their spiritual views and practices would become known among colleagues, mental health authorities and even clients. As I discussed in chapters III and IV, until recently, spiritual matters within psychotherapy did not receive attention from the collective of psychotherapists on a world basis, and could therefore be given less attention within the participants' professional contexts. Some participants could therefore have chosen not to disclose their spiritual views and practices at work. My intention was therefore to facilitate the participant therapists' voices being heard in all their richness, allowing them to illustrate their clinical and personal practices, as well as their fears for these being revealed, if that was the case.

The Six phases of Thematic Analysis

As I discussed above, the analysis process started already during the interviews (Kvale, 1996; Yin, 2011). Yet, in order to give an overview of the different aspects of the process of analysis, below I refer to Braun's and Clarke's (2006) six phases in the implementation of Thematic Analysis and describe how I worked within each of these levels. However, these phases are intertwined and not clear cut, but they can give an idea of how I worked:

Phase 1: Familiarization with the data.

As a researcher applying Thematic Analysis I had to become well acquainted with the data (Braun & Clarke, 2006) which meant doing the interviews and transcribing these myself, then reading the transcripts several times in order to know, as well as possible, what each participant conveyed, which major themes were addressed, and under which domains these could be placed. Besides, as I discuss at the end of this chapter, a thorough immersion in the data is a necessary quality criteria in qualitative inquiry (Morrow, 2005).

Transcription of the dialogues. I transcribed the interviews as soon as possible, usually the same day, and on consecutive days, since interview data is live material, and I wanted to have in mind the recent conversation when transcribing, in order to preserve its “freshness” (Kvale, 1996). As any researcher of qualitative data knows, working with such large amounts of material can be demanding: I used about one hour to transcribe ten minutes of conversation. I stopped many times on the way, going backwards to listen when in doubt, though it was often easy enough to understand since I did the interviews myself. For those who spoke other languages than English (that is, Spanish or Norwegian), I did the translation simultaneously while transcribing.

After transcribing nine interviews, working for countless hours, it was suggested to me to contact online companies that specialize in transcriptions, which I did. But before signing the contract for the rest of the transcriptions, I felt I just could not do that, nor to the participants who showed me their trust, sharing such personal stories. Contacting an external company also raised ethical issues since I had told the participants that I would be doing the transcriptions myself and I would have to inform and ask for consent from each participant. But even with their consent, I was quite sure another person, without the knowledge on the subject matter and the subtleties in the language of the participant, and without the personal rapport we had developed, would not be able to transcribe all of what was said. I therefore did all the transcriptions.

Some participants spoke in broken English, good enough for us to understand each other and have a fluid conversation, since we had a good rapport and were deeply engaged in a topic of shared interest. But it might have been quite difficult for an outsider to understand when listening to a recorded conversation. And it was not only about subtleties in language, but also about the subjectivities involved. The rapport established between the participant and myself during the dialogues felt like an invisible thread that kept us connected and facilitated our common understanding, in spite of unfinished sentences or misspelled words. Sometimes one of us would complete the sentences the other had started - even when talking on the phone, without seeing each other. In a few cases, I could hear the participant and myself communicating in an engaged and fluid manner, but in *sui generis* English, flavored by each other’s mother tongue. When transcribing, I tried to translate using standard English in order to make the dialogue readable and understandable for others, but without adding new ideas or changing the meaning of what was said. Unlike the rest of the dissertation, the transcripts and citations were not copy edited, in order to preserve some of their freshness.

There was another, more personal aspect that kept me from delegating the transcriptions and it was related to the comforting feeling of being the first one to unpack each gift of narrative hidden in the engaged voices in the recorded version. While listening, I was in the position of a third person, observing both the dialogue that had taken place then and was taking place *now* within me. Doing the transcriptions also gave me the possibility to resume the ongoing analysis of the collected stories while listening, writing memos and highlighting relevant themes. With the two final interviews I tried two different transcription techniques: I let a computer dictation program write down the interview in English while I listened and read attentively, correcting misspelled words, some of which were incredibly odd. For instance, when Thom spoke of *LaoTze* the computer program wrote “cloudy,” while *Rogers* was written “Rochester.” These words were of course completely meaningless within the context of the interview, and probably quite similar to what someone outside the inquiry project would have written. So needless to say, I was happy to do the transcribing on my own.

The other transcribing method I tried with the last interview was a voice to text program. Since the interview was in Norwegian, I dictated it in English directly into a file through Apple Dictation program. That worked fine too. Though I did feel like a *dictator* (!) shouting orders into my computer, in a most authoritarian manner, far away from the nuanced voices in which the original dialogue had taken place. In spite of my assertive voicing, the program did not always understand what I said, and some simple words like ‘*that*’ were heard as ‘death’ or ‘dart’—and ‘everything’ became ‘Erdogan!’ In other words, I had to keep an eye on what the computer was producing and write these and other words myself.

In both cases, when implementing these dictation programs, I was attentive to what was written down, but the process was not so physically hard on my arms and shoulders as the former transcriptions. So, these were good alternatives, yet they required concentrated follow-up, not like simply filling the dishwasher and expecting it to do the ‘dirty’ job on its own, so to speak. But it worked. Yet, the old hands-on way of listening, stopping and writing seemed best.

Initial or Open coding. I started an *open or initial coding* by immersing myself in the data, reading the transcript as a whole, coding a first impression of what was basically conveyed within a particular paragraph of the interview, and usually writing down codes on the margin (Merriam & Tisdell, 2016). I highlighted with yellow the parts of the transcriptions that I found most relevant to the research question, so that these paragraphs would literary ‘pop out’ from the rest of the text and were easily identifiable. At the same time, I was noticing other significant parts of the dialogues that attracted my attention due to their richness, depth, or because they addressed matters that were particularly creative, critical and so on. The

highlighting of themes that caught my attention was exhaustive, but rather more heuristic, and spontaneous. I tried to keep a fresh attitude, allowing the data to surprise and involve me in an explorative way (Braun & Clarke, 2013). Later, I would go through the whole transcript several times in a more detailed way and refine the initial coding.

During the interviews and when transcribing, I paid attention to unexpected, moving passages, stories and parts of stories with a special quality – it could be an account about a presence or a ritual, a childhood memory, feelings of awe or other transpersonal or spiritual experiences by client or therapist. I was impressed by participants' fear of being exposed as a spiritual clinician and by the lack of such fear, in those no longer caring about judgmental views, being certain of doing the right thing for their clients and for themselves. I took a note and highlighted some of these matters, without knowing which would be relevant for the final analysis.

Transcripts to and from the participants. The transcribed interviews were sent to each participant, asking for corrections, comments or themes to be omitted. A few amendments, references and suggestions came in this way. In Appendix 2, I present the email correspondence with Effie which exemplifies this communication process.

Numbering the lines. When the transcript was returned to me, I took note of any suggestions and started a consequential coding process. I first numbered the transcript lines in order to be able to refer to a passage in the analysis and in possible citations (Merriam & Tisdell, 2016).

Analytic memos. When transcribing, I wrote down my thoughts, reflections and hunches in the form of *analytic memos* so that I could maintain a conversation with myself about the data, the participants and the whole process in the form of notes written along the inquiry (Saldaña, 2009). Analytic memos - also known as reflexive journaling (Lamb, 2013; Ortlipp, 2008) - are written in a creative, spontaneous way and support the researcher's reflexivity in order to keep a critical view on thoughts, choices, assumptions and interventions that determine the development of the inquiry. I also kept a reflexive journal outside of the transcripts, an excerpt of which can be found in Appendix 4. While doing the coding, analytic memos helped me reflect about choices of codes, giving attention to significant themes. In this way it was possible to identify and understand the development of possible patterns (Saldaña, 2009, p. 33). I continued writing analytic memos after reading through the transcript.

In order to keep the memos separate from the interview dialogue, I wrote some of these in bold letters and kept them down the right of the transcript so that they would distinctly stand out from the participant's narrative. I also tried to keep a reflexive attitude during my

interventions, questions, or commentaries to the participants, and during the analytic process. For instance, when transcribing Kitty's interview, I was impressed by her presence and creativity, and I wrote this analytic memo which I write in italic here:

Reflection: I agree completely with Kitty when it comes to the relevance of addressing spiritual matters, yet the creativity and the presence she shows is not something one can just learn as a technique. I have to stay awake to identify other clinicians' creative interventions. I wonder how I could operationalize it so to be able to make suggestions on spiritual interventions grounded in creativity. Kitty expresses a genuine interest and validation of the clients' beliefs; I suppose that this also gives her freedom to act as creatively as she does. How could such an attitude be conveyed in the discussion? Do other therapists also express assertiveness in spiritual approaches? Kitty, lines 523-526

Kitty's interview was one of the first I did. And through the first, spontaneous memo I was impressed by her creativity and genuine presence. While re-reading this memo, I became aware of qualities conveyed by Kitty that I wondered if I would find with other participants. From this short quote, some codes evolved that did appear in other conversations:

1. The relevance of addressing spiritual matters in clinical work.
2. The importance of keeping a genuine interest and validation of the client's spiritual concerns.
3. The therapist's free and creative implementation of her resources.

Phase Two: Coding.

In this second phase, I allowed for hunches, intuitions and thoughts in relation to the highlighted parts of the transcripts to develop into codes, patterns and connections, paying attention to whether there were some themes or actions that were addressed by different participants, and whether I could identify any consistencies relevant to the subject matter (Saldaña, 2009, p. 5). In general I was observant to patterns in the generated data indicating similarities, differences, frequency, sequence, correspondence and causation (Hatch, 2002). The coding developed as an organic, iterative process which enabled me to organize and analyze the vast amount of knowledge generated through the conversations with the participants (Saldaña, 2009). Within qualitative inquiry coding is understood as a "transitional process between data collection and more extensive data analysis" (Saldaña, 2009, p. 4), and a code may be "a word or short phrase that symbolically assigns a summative, salient, essence-

capturing, and or evocative attribute for a portion of the language-based or visual data” (Saldaña, 2009, p. 3).

During the initial coding referred to above, I had started by highlighting whole paragraphs that had drawn my attention. Now I tried to find more general codes in the form of titles or phrases that could capture the essence or describe the qualities in the portion of the highlighted data. Yet those codes were still seen as provisional and were sometimes changed through the process of analyzing the data. When writing down and reviewing the transcripts, I kept an exploratory approach to coding, consisting of preliminary codes tentatively applied to the generated data during the initial review of the transcripts (Saldaña, 2009).

There are three forms of exploratory methods: Holistic, Provisional and Hypothesis coding and I chose a holistic coding, consisting of labeling whole units of self-standing data – from small paragraphs to several pages – and applying a tentative code that could address a main theme or story, which later could eventually be refined into different codes. Holistic coding is relevant for interview transcripts when the researcher knows what to look for in the data, and it is also appropriate for beginner researchers in qualitative methods (Saldaña, 2009).

Doing the coding with Word processing program. I chose to do all the coding by hand, aided by the title and content overview function in the Word program. There are different data programs that can aid in the coding of data, but I am not technically savvy and chose to use the word processing program I am acquainted with. I refrained from implementing a computer-based coding program such as NVivo since it would have required too much effort and time, something other authors warn of (Merriam & Tisdell, 2016; Yin, 2011).

The coding process is a highly subjective and situated endeavor, dependent on the theoretical frame underpinning the inquiry, and on the general context where the inquiry takes place (Merriam & Tisdell, 2016). My subjectivities as preferences, tendencies, experiences and personality strongly influenced how the generated data was interpreted and coded (Sipe & Ghiso, 2004). On the basis of what I considered relevant, during the transcription I had highlighted whole paragraphs addressing themes that looked important to come back to. I then gave these paragraphs a code in the form of a title, which was often a phrase within the paragraph. When carefully reading through the electronic version of the transcript, I also identified new themes and gave these a more precise code. When I finished reading the transcript, I started what Saldaña (2009) calls the “first cycle” coding process and ended up with highlighted paragraphs within the transcribed text, as well as headings corresponding to themes referring to the highlighted paragraphs. I then made a table of contents at the beginning of each interview using one of the tools in Words. Immediately after writing the transcript, the

“table of contents” gave me a rough overview of headings as preliminary codes addressing the salient themes of each particular interview.

Below I give an example of how I started to organize the initial coding into a “table of contents.” What follows is an excerpt taken from Jamie’s interview, where the numbers on the right side indicate the page numbers in the transcript. This provisory table of content allowed me to easily find the highlighted themes in each transcript to compare data across the participants’ stories, clustering themes into codes (Merriam & Tisdell, 2016; Yin, 2011).

Example initial coding–overview of themes in Jamie’s transcript:

- Spirituality is universal, because it is independent of religion
- Independent from any orientation, also independent from Shamanism
- Spirituality is there all the time.
- Spiritual ways open up for clients
- They start to pay attention to new different signs
- Story: Traumatized client starts to pay attention to phenomena
- Clients start to feel whole
- Like getting access to the whole world, not separated anymore
- Spirituality = being connected to different, transcendental levels, wider dimens
- Shamanism = understands we are related to, bound to other dimensions.
- It is as if a door opens up for us
- Body oriented work: Sensorimotor Psychotherapy or Somatic Experiencing
- Work with the different soul parts
- Often happens that a patient may say: ”The world has changed”
- Client’s concrete perception changes, Outside world brighter, wider, they look sharper.
- Suggests rituals
- Transformation of client’s own personal history

To start with, this initial coding list was far from a short and precise code overview but rather whole sentences and passages -like above: “*Spirituality = being connected to different, transcendental levels, wider dimension*”. At other times I found myself a short title for what was shared in this passage – like above “*suggests rituals*”, closer to what Saldaña refers to as a “second cycle” code that could be used later on (Saldaña, 2009). A passage in Helen’s interview

illustrates such a short code. I applied holistic coding to the first chunks of data that I highlighted in yellow, attached a preliminary code, and then I tried to find other possible, more refined codes.

Example of Initial coding: Helen. Helen tells a story in lines 65 to 70 that I chose to initially code as “self-experienced” since also other participants refer to personal experiences. I put the heading/title 2: “Self -experienced”:

“Self experienced”

Helen: ” Yes , because I had had a lot of this kind of spiritual experiences, just spontaneous, without any therapy or drugs, or meditation or anything, it just ”HHHu” (interjection) it just happened right there! So I was very familiar with that dimension, so, but you know **it is not so often that it happens for my clients, but for me as the therapist I have this feeling that this dynamics are behind the curtains somehow,**(...) Helen, lines 65-70

Notice the section in bold and large font which I had highlighted in yellow at the first reading. There are lots of themes here too, like “dynamics behind the curtains.”

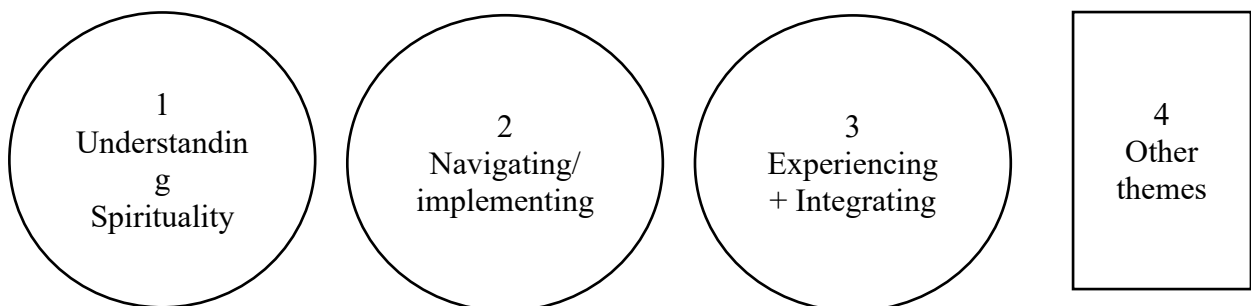
When all the transcripts had been re-read, and initially coded, I had a kind of list of “Contents”— an overview of themes in the form of headings or *titles*— for each of the interviews. Please remember my intention was NOT to make a real content list, but just to use this particular tool in my word processing program as an aid in the coding process, before I started to go hands on into second cycle coding. In the following paragraphs I try to illustrate how I proceeded when coding the data.

THE CODING PROCESS

My goal was to apply Thematic Analysis (Braun & Clarke, 2013) without a fixed coding procedure. I chose to participate in an exploratory and reflexive manner, and coding was therefore approached as an open, organic process, that developed along the inquiry through the iterative research process. The initial codes evolved into new codes that were sometimes changed, divided into two or more codes, or put together and included into other new or already existing codes (Braun & Clarke, 2013). Through this coding process my goal was to show how I conceptualized the generated data aligned with my views and perspectives so that I did not follow techniques or procedures in order to obtain reliability or accuracy in relation to pre-established goals and codes as in some traditional approaches (Braun & Clarke, 2013). Following Braun and Clarke (2013) I did not intend to seek reliability-oriented coding approaches within Thematic Analysis that are supported by a positivist view. In such cases, the goal is to achieve exact coding. Often, a coding book, with predefined codes, is produced *before* the data is collected to be applied later (Braun & Clarke, 2006). Such a pre-structured, positivist-

oriented form of coding seemed limiting and did not harmonize with the postmodern and social constructionist theoretical frame underpinning this inquiry (Braun & Clarke, 2013). Within thematic analysis approach, the data is not seen as “emerging” in a passive way, but rather is understood as being generated through the dialogues of participant and researcher who are both constantly active in co-creating knowledge (Braun & Clarke, 2013). These views are likewise in keeping with a social constructionist perspective and particularly with collaborative and relational approaches towards research underpinning this dissertation (Anderson, 1997; Gergen, 2009, 2014; McNamee & Hosking, 2012).

Main domains of data organization. As I explained at the beginning of this chapter, in this inquiry I wanted to organize the data around: 1) understandings of spirituality; 2) implementation of therapeutic approaches; 3) the participants’ integration of spiritually related experiences in their professional and personal lives. I imagined these large areas of knowledge as *baskets* where I could collect relevant parts of the data without having pre-determined ideas of what could be inside of each basket. I also wanted to consider 4) other possible areas that could be seen in the data, or just stand-alone themes, so I imagined these placed for the time being “in their own basket”.



I tried to move continuously from an overview, a big picture, into the details and particulars of the data (Merriam & Tisdell, 2016, p. 207). Besides, most of the themes in the interview dialogues were intertwined. For instance, stories about spiritual practices or views about the implementation of spiritual matters in therapists’ training were themes that often appeared attached to pieces of the stories being told and demanded a close reading in order to decide under which theme they would be best placed.

Second cycle coding. After having arrived at a rough overview of themes in the shape of a ‘table of contents’ for each interview, I then read these and tried to identify relevant codes as well as stories that related to the research question: *How do Psychotherapists Understand,*

Navigate, Experience and Integrate Spirituality in their Professional Encounters with Clients. In this phase, I started to refine the coding. In the box below, I illustrate the process of narrowing and refining a code by going back to the larger portion of data from Helen’s story, which I referred to above, and explain how it was refined into a smaller, more precise code:

From “Self-experienced” >>to “**FEELING A PRESENCE**”

Helen: ” Yes , because I had had a lot of this kind of spiritual experiences, just spontaneous, without any therapy or drugs, or meditation or anything, it just ”HHHu” (interjection) it just happened right there! So I was very familiar with that dimension, so, but you know **it is not so often that it happens for my clients, but for me as the therapist I have this feeling that this dynamics are behind the curtains somehow,**(...) Helen, lines 65-70

When I completed the transcriptions and the initial coding, I found that other therapists also referred to a kind of a silent dynamic taking place or the perception of something or someone being in the room, like *a kind of presence*, though different therapists expressed this in other ways. So, I ended up calling this code “feeling a presence”—and not “self-experienced” as originally thought. Yet I also realized that several therapists stressed the importance self-experienced spiritual moments, so in a way I kept this title but moved it and used it to indicate a general quality in spiritual experiences, not only those of *a kind of presence*.

Constant comparison. After the initial open coding, the process of coding became increasingly elaborate so as to “construct categories or themes that capture some recurring pattern that cuts across the data” (Cheek, 2017; Dye, et al. 2001). From the descriptive coding I started with, I moved along, bringing theories so that my memos changed along with the evolving codes. As illustrated above, I worked from very descriptive coding, with whole sentences, and even theoretical codes, towards more specific ones. There were parts of the interview dialogues that evoked reflections on theories, research studies, philosophical and spiritual knowledge and personal experiences of my own. I tried to keep track of these by writing them as analytic memos, either in the transcript or on a file of its own to use it in the discussion.

The whole process brought me to the practical application of the method of constant comparison across the interview transcripts, between the transcripts, but I also compared these with my comments, my memos and the theories, moving along the gathered data and my reflections on it (Merriam & Tisdell, 2016). While coding I was attentive to whether a particular piece of data, such as a description of spirituality or a particular intervention, could be relevant

for the research question. Likewise, considering the reader, I tried to keep in mind: What could be of interest to someone who was approaching the re-presentation and discussion of the generated data? Which particular thoughts or events, such as synchronicities, powerful experiences or other phenomena, could surprise or move the reader, and maybe inspire her/him to consider similar events in his or her clinical practice? By immersing myself in the data, I was often moved by beautiful stories, the therapists' commitment, and their reflections about the integration of spirituality and psychotherapy. I became aware of an emotional quality often present in the dialogues, yet difficult to convey here and which could have been coded itself. However, within this inquiry I chose not to code "emotional quality" of the data, mainly because I had to restrict myself to having fewer themes to be addressed. Through the analysis and re-presentation of the data, I gathered pieces of narrative in some kind of organized, live system while allowing the stories to "breathe" (Frank, 2010), reflecting the emotional power present in the interviews.

Phase Three: Generating themes

After accomplishing the two initial phases of thematic analysis, the two following steps are also a continuous process where codes are refined, and new themes generated and reviewed. During this third phase, the initial codes were refined, made more succinct or even reorganized differently in order to illustrate patterns of meaning related to the research question, creating potential themes (Saldaña, 2009). In this phase I examined the codes and collated data in order to identify significant broader patterns of meaning (potential themes), and compared data relevant to each candidate theme, reviewing its viability as a potential theme (Saldaña, 2009).

Throughout the dialogues, different participants addressed similar themes when responding to the same open questions and sometimes they also spontaneously conveyed resembling ideas and experiences related to the topic that I had given an initial code. I was interested in finding out whether there were particular patterns in the generated data, in the form of comparable experiences or reflections on the part of the participants, as well as if there were idiosyncratic events or concepts they talked about. Additionally, I was curious about whether the participants would express opposing or complementary views on the same subject. For instance, some participants might consider it appropriate to disclose their spiritual views while others might not, so I coded both views – for and against the therapist's self disclosure – under the same theme: "self-disclosure." In this way nuances about the matter could be illustrated without having to come to a conclusion. When coding different paragraphs as 'understandings of spirituality' or "therapists' self-disclosure," I went back to these themes to find out whether there were similarities, differences, expansions or further knowledge conveyed on the matter.

Phase Four: Reviewing themes

In this phase of analysis, I re-organized and refined the existing themes, where some were developed further, split or clustered in new ways, or put aside all together. I went back to the already written themes, reviewed them, and started giving shape to the final categories. Some themes were given new, more descriptive names, or were rearranged or collapsed within other themes. In order to stay with the focus of this inquiry, some themes were left aside.

Example: Navigating the Spiritual. An example of how I organized the section I called “Navigating the Spiritual” was the following:

1. Navigating the spiritual: Examples of concrete approaches
2. A common trait: openness and respect
3. Introducing spiritual interventions -humble, creative and confident
4. Showed therapeutic creativity and expertise
5. Rituals
6. Supporting and Expanding the client’s spiritual references
7. Challenged *received wisdom* on psychotherapy
8. Rebellious, following own path: *So in Life as in Therapy*
9. The relevance of personal experience
10. Original approaches/creative interventions
11. Incorporating spiritual perspectives into already known interventions
12. God in the room
13. Soul retrieval
14. Suggests rituals
15. Past life therapy
16. Energy work: Phowa, Tonglen.
17. Sitting God on the chair
18. Introducing tools: S.O.M.E. cards
19. The importance of grounding

When I reviewed this overview, I realized that some themes could be organized differently. For instance, *God in the room* (which I had literally first called *God on the chair*, point 12.) could move under the theme: *Incorporating a spiritual perspective into already known interventions*. I also found that I referred to rituals in points 5 and 14 and decided to collapse these. Point 8: *Rebellious, following own path*, could be under another section dealing

with how the therapists integrated spiritual experiences in their own life and work. Since many of themes did overlap, there was not only one possible way to organize them.

Phase Five: Defining and naming themes, creating the final categories

In this phase I further refined themes, looking for characteristics and nuances in each of the chosen themes, finding names that could convey the content of the theme or category in an informative manner. The idea was that each name could convey a story of the theme itself which then would become the final category. During this phase, when necessary, I re-arranged the themes once more, but these were not clearly separate from each other and appeared instead organic, and interwoven. When reading the final version of the chapter I found that some of the themes should - or could - be rearranged once more. The following example illustrates how part of the section “Navigating the spiritual” was further developed:

1. Spiritual approaches and the therapist’s orientation
2. Spiritually oriented interventions independent of client’s demand
3. The client at the center: helping to re connect with potentials
4. Trust, therapeutic creativity and expertise
5. Spiritually sensitive interventions: trusting intuition
6. Opening the door to spiritual conversations
7. Supporting and expanding the client's views.
8. Acknowledging client’s expanded or non-ordinary consciousness experience
9. Addressing the client’s Soul
10. Invitation to a spiritual exploration
11. Soul retrieval
12. Soul work through Somatic Experiencing
13. Perceiving a healing presence
14. Getting help from spiritual guides

Phase Six: Writing up

Finally, in the Findings chapters VII, IX and X as well as in the Discussion chapters XI, XII and XIII, I put together excerpts of data as an analytic narrative, which corresponds with the last analytical phase within thematic analysis (Braun & Clarke, 2006). From the codes in the transcriptions, I paid attention to relevant themes co-created during the interviews and

illustrated these with quotes from the participants. When re-presenting and discussing the generated findings, I comment and analyze these in a reflexive manner.

ADDRESSING QUALITY CRITERIA IN THIS INQUIRY

In this section I discuss different strategies implemented to meet the quality criteria throughout this dissertation. Since a qualitative researcher is an active participant in the inquiry process and not an objective or neutral observer (Kvale, 1996; McNamee & Hosking, 2012) evaluating quality criteria within qualitative research differs from those applied within quantitative research such as validity, reliability and representativity (Murrow, 2005).

In this inquiry I have tried to meet criteria considered indispensable for qualitative research independent of the paradigm underpinning the inquiry such as “sufficiency of and immersion in the data, attention to subjectivity and reflexivity, adequacy of data and issues related to interpretation and presentation” (Morrow, 2005, p.251). Besides these qualities considered of universal relevance, I have tried to meet criteria for trustworthiness that address the paradigmatic underpinnings in which this dissertation was conducted (Morrow, 2005). I start here by addressing the universal demands to this inquiry and how I met those.

Adequacy and sufficiency of data. I addressed this matter in the previous chapter when discussing the rationale for choosing a purposive or expert sample with considerable knowledge on the subject matter. The data generated through the dialogues with the participants appeared adequate and various. However, it was difficult to know when it was *sufficient*. When it came to the participants’ views on spirituality, we were addressing one construct, and even if there could be different interpretations, there were many similarities, and after a few interviews there appeared to be a saturation of information (Patton, 2003). However, regarding the participants’ implementation of spiritually sensitive interventions, it was difficult to know whether information was sufficient, since the practices conveyed were diverse, sometimes complex and often informed by different psychotherapeutic or spiritual backgrounds. After fifteen interviews though, I considered that the knowledge generated was sufficiently rich to support the work of this inquiry.

Immersion in the data. I have also referred to this point above when discussing the process of Thematic Analysis (Braun & Clarke, 2006). I became well acquainted with the data by being in charge of the whole process of data generation, from interviews, transcriptions, translations, analysis and representation. By reading the transcripts and my own memos several times I became immersed in the data and each participant’s story

Attention to subjectivity and reflexivity: Throughout the whole study my effort has been to keep a reflexive stance (Etherington, 2004; McNamee, 2010; McNamee & Hosking, 2012). During the conversation with the participants, reflexivity was part of a dynamic process where I shared my responses with the participants as well as being *self-reflexive*, by writing down memos with my own responses to the dialogues, and adding my reflections on what I had been thinking and feeling during the conversation but which remained untold (Etherington, 2004). Additionally, I wrote a reflexive journal (Ortlipp, 2008), an excerpt of which can be found in Appendix 4. Reflexivity thickens the generated story in a transparent way, where the reader can witness and/or judge for him/herself how much I, as the researcher, had influenced the conversation and its development. Self-reflexivity, in the form of memos and journal, also helped me to stay attentive to themes that were generated in a particular conversation, which I wanted to explore with the next participant, if possible. The interviews can be seen as a broad conversation with a connecting thread between dialogues. As a researcher I influenced the generated data through my “supplementary actions” and responses to the participants’ narratives, in the form of my own emotional, and thinking responses, attitudes, and non-verbal responses (Gergen, 2006, see here Chap. IV).

The researcher’s co-participation in generating data is understood as a strength of qualitative research interviews (Kvale, 1996) and its transparent acknowledgment is another factor consolidating trustworthiness in social construction informed research (Etherington, 2004; McNamee & Hosking, 2012). Critics of qualitative research or interviews consider that the generated data lacks validity since it is influenced by the interviewer (Roulston, 2010) based on an assumption that there is such a thing as “objectivity” in research.

Trustworthiness and authenticity. My effort in this inquiry has been to keep internal consistency within the dissertation, in order to achieve rigor and trustworthiness. I did this by illustrating how a postmodern, social constructionist and reflexive stance influenced the methodological choices I made, but likewise in the way I referred to the generated data and to how I evaluated different parts of the inquiry in chapter XIV. My effort has been to check whether the views I presented and the methodology implemented were coherent with my paradigmatic underpinnings. I did this by continually reflecting on whether my thinking and actions during the inquiry process aligned with social constructionist views.

The process of securing trustworthiness and rigor has been demanding. Through mentoring I was made aware of some of the times my ideas were still informed by post-positivist views on research, such as when I referred to my possible “bias” or when, within the limitations of this inquiry I wrote that the “results” were not “generalizable,” which also reflects

post-positivist thinking which is still taken-for-granted as the gold standard. With time I managed to become more aware of when I did this and was able to re-edit those lines and adjust my thinking: recognizing that “transferability” of the “generated knowledge,” rather than “generalizability” was appropriate to my chosen methodology. Gradually it became easier to argue from my paradigmatic underpinnings when scholars outside my theoretical frame of reference would ask for my “hypotheses”. However, I was more insecure when requested to draw “conclusions.” Fortunately, I was made aware that “implication for practice” was a trustworthy name for the last chapter, in keeping with the *Wittgensteinian* views informing this inquiry where pragmatic implications of research are central (Gergen, 2019 ; Gergen, 2006; Wittgenstein, 1953).

ADDRESSING EXTERNAL PARALLEL CRITERIA OF QUALITY

Through the process of presenting this inquiry to different academic audiences related to scholarly work in general and, in particular, to those interested in the subject matter, I became aware that there is still a need to address quality standards in a way that can be understood by those outside the paradigmatic underpinnings of this inquiry. In this section I therefore do so by applying so-called “parallel criteria” for qualitative research, elaborated by Lincoln & Guba (2000), to correspond with criteria of trustworthiness within quantitative research, such as “internal validity, external validity, reliability and objectivity” (Morrow, 2005, p.251). Below I explain how I addressed the quality of this inquiry from parallel criteria.

Credibility, transferability. The generated knowledge in this inquiry can be considered according to its *credibility* and *transferability*, which roughly correspond to respectively *internal validity* and *external validity* in quantitative research, though not identical (Morrow, 2005). *Credibility* can be seen to have been obtained through the process of establishing a good rapport with the participants, and by being open to further contact with those who were open to that after the interviews. Furthermore, my own acquaintance with the field of study, both practically as a clinician, through immersion in relevant studies and participation in scholarly activities related to the subject matter, together with my reflexivity and transparency as a researcher can be seen as supporting credibility of the generated knowledge. Likewise, the representation of the dialogues in the findings chapters, and the thickness of the participants’ descriptions and in my own reflections can be seen as contributing to credibility here (Geertz, 1973, 1983; Morrow, 2005).

Qualitative research is *emic* or *idiographic*, which means that the generated knowledge, as well as themes, addressed in this inquiry are relevant for this particular sample of fifteen participants. The categories addressed by the generated knowledge are the result of the meaning

making process between the participant and myself and are therefore not generalizable to a larger population. I therefore took into account a parallel criterion: *transferability*, I did this by sharing information of myself as a research instrument (Morrow, 2005). Throughout the dissertation I clarified my background, my values and reflections, and did so particularly in the autoethnographic pieces in the introduction chapter, in discussion chapter XIII and at the end of chapter XIV. I provided information on the context for this dissertation, on my rapport with the participants and on their background and context so that the reader will be able to consider what might be transferable to his or her context, and how (Morrow, 2005). The reader has a key role in acknowledging the transferability of a qualitative inquiry. In quantitative research⁷ *generalizability* is a quality standard since knowledge is obtained from large samples of participants through “standardized methods [...] using categories taken from existing theories and operationalized by the researcher” (Morrow, 2005, p.252).

Dependability and Confirmability. A central factor of assessment in quantitative research is *reliability*, implying that a research study should obtain similar results when applied by other researchers or in other contexts, provided that the same methods are implemented. Within this qualitative inquiry, demands of reliability are not relevant, since, as the researcher, I was part of the inquiry process. However, I aimed to meet the parallel criterion of *dependability* by being transparent and explicit about the research process so that it could be repeated by another person or in another context, or both. In order to document my choices and reflections I kept a reflexive journal (Ortlipp, 2008) that included an audit trail, that is “a detailed chronology of research activities and processes; influences on the data collection and analysis; emerging themes, categories or models; and analytic memos” (Morrow, 2005, p.252). This overview of activities and reflections was periodically discussed with my supervisor, and likewise shared with mentors and with other scholars and PhD students in the field.

A final parallel criterion is *confirmability* which implies that though I do not aim to be objective as a researcher, the findings I represent and discuss in this inquiry were generated through the dialogues with the participants and are not simply a result of my own views and expectations. My way of meeting confirmability criteria has also relied on transparency and reflexivity. I have shown how, by applying thematic analysis, I came to the themes that appeared to be re-presented and discussed them. However, once more it is the reader who is to decide whether the final dissertation provides sufficient and adequate description to confirm the quality of this work. The strategy I applied in order to address the adequacy of the findings

⁷ Quantitative research is always *etic* (Morrow, 2005).

and the final dissertation was also to discuss the audit trail with other colleagues, in a forum for PhD students on Religion Psychology and, of course, with my supervisor in order to address how my subjectivity might have enhanced the generated knowledge (Morrow, 2005).

Even if there has been a tradition of evaluating qualitative research with appropriate criteria, it has been criticized that their implementation outside a postpositivist paradigm renders the inquiry theoretically inconsistent and lacking confirmability (Morrow, 2005). Since, as I have addressed, I have often met people in scholarly circles, and individually, who are not fully acquainted with qualitative methods and even less so with the theoretical underpinnings of this inquiry, I considered it relevant to address parallel criteria in this inquiry, in order to enable constructive discussions with scholars outside my own paradigm and to make this research process and findings “more acceptable to conventional audiences” (Morrow, 2005, p. 252).

ADDRESSING INTRINSIC STANDARDS OF TRUSTWORTHINESS

Having addressed extrinsic parallel criteria in this dissertation, I want to go in more detail about *intrinsic* standards of rigor consistent with the paradigmatic underpinnings of this inquiry. In fact, most of these intrinsic criteria have been developed through the integration of constructivist and social constructionist perspectives (Morrow, 2005, Lincoln and Guba, 1986; Patton, 2003). It is important to remember that all these criteria – *extrinsic* and *intrinsic*- are often intertwined and have been addressed simultaneously throughout this dissertation but are referred to individually here for the purpose of clarification.

Particularity, triangulation, dialogue. As explained above, through keeping a reflexive stance I have acknowledged my subjectivity. Likewise, I took into account the subjectivity of each participant and respected their integrity, which corresponds with the intrinsic criteria of *particularity* (Patton, 2003). Additionally, I applied *triangulation*, by comparing several perspectives generated in the conversations with the participants, as well as keeping a *dialogue* between different views conveyed, which is also addressed as an intrinsic quality of trustworthiness (Morrow, 2005; Patton, 2003).

Authenticity and mutual constructing of meaning. Another aspect alongside trustworthiness in this inquiry, is that the social constructionist and collaborative perspectives informing this dissertation should be easily available for the reader, particularly with respect to how *meaning was co-created* by the participants and myself. My intention has been to allow the meaning process to reflect my positioning in an *authentic* manner in line with the theories underpinning this inquiry.

Transparency. In order to give credibility to this inquiry, another key strategy has been the use of *transparency*, where I have been open and explicit about choices made throughout the research process in order to create visible access for other scholars (Moravcsik, 2014). Before further discussion of quality criteria within this study, I want once more to clarify that I stand within a postmodern, social constructionist and post materialistic theoretical frame (see chapter V). However, I come from a post-positivist frame of reference that is prevalent in science and likewise still present within psychology and psychotherapy. So, throughout this dissertation I have often struggled to identify and leave aside concepts and expectations that were part of my postpositivist “past” and therefore not associated with the theoretical underpinnings of this inquiry. Through mentoring by senior scholars with a social constructionist perspective, I was helped to become aware of my tendencies to use ideas that were not in keeping with postmodern and social constructionist views. These were particularly evident in this section, in the Discussion chapters XI, XII, XIII and in the last, chapter XIV, Practical Implications, where I was caught up trying to justify the value of this dissertation by referring to conventional criteria more appropriate to postpositivist positions (Morrow, 2005).

I have also been transparent about not having had all my theories and constructs in place before starting this inquiry, however, through working many times across the text of the dissertation, I gradually became more aware of discrepancies between my theoretical positioning and the more conventional terms I was still using to refer to my work here. (For instance, at the end of the next section I first wrote: “Possible bias”, but changed then the title to “How my influences shape this inquiry.”)

Interpretation and (Re)-presentation. When interpreting and re-presenting the narratives of the participants, I tried to write in a respectful and responsible way, while staying aware of how I communicated what the participants shared (Etherington, 2004; McNamee, 2010; McNamee & Hosking, 2012). I was particularly concerned with avoiding any reification of persons or ideas. I was also aware that I was not writing about a discovered truth, interesting things or about contents generated through our conversations but I saw myself as instead sharing about a collaborative process of knowledge construction. My intention was also to write in a way that mirrored the reflective and co-creative quality of this research inquiry.

“Goodness” in qualitative research. In this section I have addressed criteria that can be used to assess this work which I kept in mind throughout the inquiry process. However, there are other intrinsic criteria that could be taken into account. I have also shown the reader that the *goodness* of this dissertation might be assessed by my effort to remain true to the paradigmatic underpinnings of qualitative research informed by social constructionist views (Morrow, 2005).

In the next section I address ethical issues that are strongly intertwined with matters concerning the rigor of this inquiry.

ETHICAL CONCERNS

In the same way that the analysis was already a part of the interview, ethical considerations permeated the whole inquiry from the start on and cannot simply be addressed separately. However below I give an overview of the main ethical aspects addressed from the start of this inquiry, and to other ethical issues which manifested later at different stages. Throughout the interviews and particularly when re-presenting the generated data, my effort was to take into consideration *relational ethics*, conveying and reflecting that I was doing research *with* the participants and not *on* or *about* them. This stance is in keeping with ethical standards within social constructionist and collaborative informed research practices, (Clandinin & Huber, 2010; Etherington, 2004; McNamee & Hosking, 2012).

Ethical permissions secured: Letter of information and consent. The participants had agreed to be contacted by mail and were sent an invitation with a letter informing them about the research objectives, interview process and participation criteria. They were told they could withdraw at any time and were asked to choose a pseudonym (Appendix 1).

Pseudonyms and demographic data. When a participant did not return the signed letter of consent, I sent a reminder, asking them to sign it and choose a pseudonym. I also rechecked the decision to use their real name with the four participants who did **not** wish to use a pseudonym in case they had changed their mind once they read the transcript and the citations in the findings chapters. All four chose to still use their names, which I respected. However, I was concerned that a disclosure of spiritual interests and practices could jeopardize the professional position of the participants in any unexpected manner. I therefore informed my supervisor dr. Clara Gomis Bofill and the PhD advisor in Blanquerna University Ramon Llull, dr. Xavier Carbonell Sánchez, so that an amendment to my ethical application would be taken into consideration, and my petition was conceded. I applied for this amendment because, originally, I had applied for an ethical clearance for this dissertation that stated that all participants would have a pseudonym, which now is not the case.

Ethics of care. When I received the transcribed interviews from each participant, I checked that the pseudonym was in place (or just their first name in the four cases), erased their own name and saved the file in my computer, giving it a random number and the pseudonym used for each interview. I saved these in a new folder called “Coded interviews” and made

another folder for the raw interview data. I also made a file with an overview of the interviews so that I could check each persons' identity against their number, gender, context and so on. I soon got to know each participant's demographic data quite well and could recognize each of them through the transcript. Fulfilling ethical standards ensures the participants will not be harmed, Besides considering issues about confidentiality, relational ethics require that the researcher secures places where records are kept and informs about the participants right to withdraw at any time without any imposition from the researcher's side (Clandinin & Rosiek, 2007). I took care so that the list with the real names could not be connected with the pseudonyms so as to avoid disclosing confidential information. In order to give a general overview of the demographic I elaborated five tables showing respectively:

Table 1- The participants' psychotherapeutic orientation	(p.132)
Table 2 - The participants' religious family background	(p.133)
Table 3 - The participants' spiritual stance now	(p. 133)
Table 4 - Some of the participants' interventions	(p. 241)
Table 5 - Personal experiences influencing the therapists' spiritual views	(p. 255)

Only when it came to the psychotherapeutic orientation, in Table 1, and their interventions in Table 4, was it possible to have an idea of each participant's professional background along with their name or pseudonym. The rest of the data was fragmented in tables 2, 3, and 5, without attaching demographic information to one particular participant in order to protect their confidentiality.

Relational ethics. As a researcher I had the power to make my own choices during the entire inquiry. I selected the topic, identified and contacted participants, transcribed, chose particular pieces of the transcript and coded these, made interpretations and wrote the narratives. One way to approach the negotiation of power from a collaborative point of view was to make the participants aware that our dialogue transcription, though written down by me, was the result of their co-authorship and reflected their own ideas and experiences. I therefore told the participants they were free to use their transcript in case they wanted to publish parts of it. In chapter XIII, I return to discuss the power issues in relation with the generated findings.

Even if framed within a collaborative stance, the research situation encompasses an asymmetry, where I as a researcher will gain advantage in the form of my own dissertation being completed, thanks to the participants' collaboration. Even if the participants were adults who decided to participate, I was also concerned about disturbing busy senior professionals, with possible extended responsibilities towards their near and dear ones, sacrificing their time in order to share their stories with me. It therefore felt good to offer back my recognition to the participants in the form of the written transcript. Ethics of care in narrative inspired approaches

also involves being attentive to the way in which the participants' narratives are re-presented, so as not to harm those involved. Likewise, the researcher's own views should be given greater value than those of the participants (Clandinin & Rosiek, 2007).

When listening, transcribing, re-reading the transcriptions, and when writing these lines, I remain deeply grateful to each participant. However, as I have been made aware during the inquiry process, the participants, at least some of them, might have benefitted from the opportunity of sharing their own reflections and views with an engaged colleague, and in this way also becoming more aware of their own ideas and feelings about the subject matter. I address the participants' feedback on the interview situation in chapter XIII.

Confidentiality. Respecting people's wish for confidentiality and anonymity on shared information is crucial for the establishment of trust, and a requirement in both professional and research ethic codes. Unless agreed otherwise, all research has to ensure that participants, will not be identified publicly (Ogden, 2008). Full anonymity implies that neither the participants nor their contributions would be identified, which is not possible within this sample, since each participant will be able to recognize his or her contributions. Had confidentiality not been offered, the participants might have censored themselves so that the information shared would not be so rich and significant. For instance, one of the participants was particularly concerned about the possibility of being identified and did not want the religious family background or country revealed. There were several emails back and forth, and we agreed to indicate Central Europe as a geographical background, with no country designated. Most participants in this inquiry could have good reasons to stay anonymous in order to avoid stigmatization or ridicule because of their spiritual beliefs. In the worst of cases some could fear, or even actually face, sanctions by health authorities if their ways of thinking were considered irrational and unscientific. If their views were to be seen as unsuitable for a health practitioner, their therapeutic approaches might also be considered inappropriate due to how they understood, focused on and worked with spiritual matters.

As I discussed above, four participants insisted on keeping their first names, which required further consideration. Unlike the researcher striving to meet all possible ethical demands, participants may not be concerned about anonymity, and even consider it as irrelevant or unwanted (Ogden, 2008). Some participants may feel freer to present their thoughts in a more candid way if their identities are not disclosed. Others instead could desire that their names and experiences become public and their contributions acknowledged, which seems to be the case for some of the participants here. In fact, in an earlier project (Carli, 2012) some of the participants said: "I do not care, just put my name there!" Moreover, in this inquiry, some

participants said: “I do not need a pseudonym. Everybody (in a particular country) would know it’s me anyway and it is fine for me!” After my initial concern about deviating from the agreed ethical frame and the following approval from Blanquerna Ramon Llull university to do so, these four participants were referred to by their real names. This is in keeping with participant-centered collaborative research where participants should be able to choose whether they wish to remain anonymous or not and claim the authorship of their stories and contributions. Anonymity should not be imposed: rather the wish of the participants to be publicly identified should be equally respected as their wish to remain anonymous (Ogden, 2008). However, it is the researcher’s responsibility to discuss the potential outcomes or meaning of such disclosures to ensure “informed consent”.

Partial anonymity. Due to the nature of this research project, it is not possible to provide a guarantee of full anonymity for the participants, as might be possible when using a survey questionnaire administered by post. In this project the anonymity of the participants will only be partial, since I do know the identity of each participant as well as each person’s narrative. And because of the in-depth nature of this kind of research, and because intimate details have been shared, someone who already knows these stories might identify a participant on reading the dissertation. Far from being a problem, this contributes to the trustworthiness and transferability (Morrow, 2005) of the data gathered and guarantees its authenticity since I gathered it myself in direct conversations with the participants (Merriam & Tisdell, 2016). In order to secure confidentiality, all correspondence with the participants, as well as the interview transcripts, were saved on my computer, which can only be opened with a personal code. Likewise, all written material was kept in a locked drawer at my private office, where only I have access.

Third party confidentiality. Third party confidentiality has also been taken into consideration since when telling a story about clinical work the participants might have encountered challenges of violating their own confidentiality towards clients. However, all participants cared about third part confidentiality and concealed client data in an appropriate manner,

Writing ethics: respecting and honoring the narratives. Ethical issues were also related to re-presenting the therapists’ accounts and reflections since some of their views still remain contested within mainstream science (Beauregard, et al., 2014; Sheldrake, 2018, 2017, 2012). I also tried to acknowledge the participant’s reflexivity. Many therapists thanked me for the opportunity of having our conversation, appreciating the opportunity to discuss a matter they considered important.

My influences on this inquiry. As a researcher I was aware of not being neutral. I have a particular interest in the subject matter, since I am a senior clinician interested in the integration of spirituality within psychotherapy and therefore share many qualities with those of my participants. Being aware of this, I wanted to be transparent by informing the participants and the readers about my stance. My goal for this research was to learn more about something I already consider important. The experiences and opinions I have on the subject matter do influence how I approach the generated knowledge. My personal views and interpretations are expected to influence what I wanted to study (the subject matter), the methodology I chose (qualitative research), the choice of strategies used to approach the participants (purposive sample of informants “like myself”), the method of data generation (semi-structured qualitative interviews, like a conversation between colleagues), as well as the method of processing the generated data (thematic analysis). I have kept a reflexive stance throughout the dissertation as well as in the final analysis and discussion of the narratives generated (Anderson, 2014). I view knowledge as socially co-created with layers of new experiences and understandings to add to what we know and understand about ourselves and others at any given time (Gergen, 2006, 2009).

Therefore, I influence this dissertation through my personal understanding and experiencing of spirituality. As a researcher it has not been possible to “bracket” myself completely for the purpose of the study in question, as Peter Martin (2005) points when he writes,

Once the researcher is involved with a phenomenon he or she is on the inside of the experience. The researcher may bring different constructions to the intersubjectivities that result from this encounter. But the researcher cannot, it seems to me, observe the world from the outside and cannot claim to do so. (p. 5)

I agree with Martin’s reflections, and I had not expectations of how the participants and I would co-construct an intersubjectivity that in turn could generate relevant knowledge in this inquiry. As I have written in the Introduction, I come from a secular family and milieu in Argentina, and still today I acknowledge my reticence towards organized religion which is one of the reasons why I chose to focus this dissertation on spirituality, even if it is a loose and even confusing construct (Fontana, 2003). Through scholarly discussions my positioning has sometimes been questioned, even suggesting that I could offend religious believers with my critical standpoint to abuses that have occurred within organized religions that, at times, might be transparent in this inquiry. My intention is not to offend a committed religious person and I regret if I do so, however I consider it important to be transparent about my position. Over the

years I have also been interested in Buddhist and shamanic teachings and practices. My personal views and experiences about the topic of this work have therefore influenced the interviews with the participants and my approaches to the generated data.

***SECTION IV: REPRESENTING THE GENERATED DATA
IN THREE CHAPTERS***

REPRESENTING THE GENERATED DATA

In the following three s VIII, IX, and X, my main goal is to present significant themes generated through the interviews with the 15 Western European clinicians introduced in the chapter VII, and to reflect about the participants' lived experiences in different areas related to spirituality in their personal lives and their practices. I paid particular attention to stories related to the subject matter as addressed by the research question: *How do Psychotherapists Understand, Navigate, Experience, and Integrate Spirituality in their Professional Encounters with clients?*

Starting with the research question, I then organized the clustered themes in three chapters. In chapter VIII, I present the main findings about the way in which the participants understood and reflected upon spirituality. In chapter IX, I discuss findings around the participants' strategies for addressing spiritual moments and themes that they understood as related to a spiritual dimension, in clinical settings. In chapter X, I share the participants' reflections about their own spiritual experiences and their integration of knowledge gained through spiritually rich therapeutic interactions, and other personal experiences in their personal and professional lives. As I explained in Chapter VII, (p.148), I implemented thematic analysis (Braun & Clarke, 2006) and identified passages of the transcripts addressing similar themes that were then clustered together. These themes were then organized under the main areas arising from the research question: *understanding, navigating, experiencing and integrating spirituality*. Most passages addressed different issues and could be organized under different themes. Other times a more significant, powerful central theme was conveyed by the participant, like "Suggesting rituals" (Jamie, p.213) or "Addressing the client's Soul" (Carme, p. 215). In order to illustrate some of the main themes addressed by the therapists, I present passages from each original interview. Since I had numbered the interview lines, I wrote down the line number together with the selected citation which made it possible to find the chosen passage or theme within the whole transcription (Merriam & Tisdell, 2016). The participants often expressed thoughts in moving and poetic ways, sometimes I wrote those in stanzas to keep their beauty and power.

A BRIEF SUMMARY OF THE FINDINGS

To start with, the participants were invited to share their understanding of spirituality on their own terms. Through our conversations I wished to comprehend what did the therapists consider to be their spiritual stance and resources, and if these had any congruence with their family backgrounds. My wish was also to understand how the participants' spiritual reflections, experiences, and skills informed how spiritual matters were given meaning. All therapists -

even the two who still practiced their family religion (Pablo and Carne)- saw spirituality as universal and transcending religion. Despite differences in gender, cultural, and religious backgrounds, countries of origin, and therapeutic orientations, the participants seemed to share similar views, like:

- Acknowledging an all-pervading, non-religious spirituality.
- Similar thoughts about spirituality in spite of cultural and religious differences
- Openness, feeling humble, respectful, confident when meeting their clients.
- A non-dogmatic, not labelling attitude, non-pathologizing clinical attitude
- Taking into account clients' resources, not diagnoses
- Choosing and travelling their own paths.
- Lack of professional networks that included spiritual matters.
- Rebelling against discrimination, religious, military and scientific dogmas

I was surprised when some aspects of the participants' stories expanded the practice of psychotherapy in a creative way.

MY EXPECTATIONS BEFORE STARTING THE STUDY

In the Introduction chapter, I wrote that I expected the generated data could show that:

- The participant's cultural background would be less relevant for their spiritual views
- The therapists' theoretical backgrounds would not decide on their spiritual approaches
- Spiritually sensitive interventions would depend on the therapist's personal worldviews

When going through the transcripts, I looked to see whether my previous hunches were or were not confirmed or if my views tinted the generated findings. I constantly compared the narratives, to see if the participants' stories conveyed similar ideas, or if, on the contrary, they provided antagonistic views about the same issues. An example of this is how Kitty opposed disclosure of her worldviews, keeping psychotherapeutic abstinence, while Carne, Petra, Helen and Rene would share spiritual ideas and practices when appropriate. When presenting the findings, I refer to both the data generated in the conversations as well as my own memos or reflections. While transcribing, further data was co-created through the reflections that the dialogues elicited in me. I was now curious to know if I would find new areas of interest, surprising themes or stories inviting further work entangled in my own reflections. Listening, transcribing, reading, analyzing and representing the data felt like an organic web of conversations, inspirations and illuminations. I invite the reader to participate in this dialogue by writing your reflections on these pages or elsewhere.

CHAPTER VIII: FINDINGS-UNDERSTANDING SPIRITUALITY

THE PARTICIPANTS' UNDERSTANDING OF SPIRITUALITY

***Spirituality is a way of thinking and being beyond the material.
Spirituality includes religion, (but) Spirituality is not religion.
Spirituality goes beyond the confessional aspects proposed by religion.
Though not all religions necessarily are very spiritual.
Spirituality is about a dimension, a quality of being
beyond material issues.
It is about value systems. It is beyond self.
Beyond a sense of self and into the other. (Kitty, 19)***

In this chapter, I present how the participants understood spirituality and the sacred. I chose to start with a stanza of what Kitty spontaneously described as her understanding of spirituality⁸ which condenses many of the views of other participants. I return to Kitty's contributions later. Likewise, Jamie conveyed an understanding that other therapists shared:

***Spirituality is universal,
because it is independent of religion.
Independent from any orientation.
Also independent from Shamanism
or shamanic practices.
Spirituality is there all the time. (Jamie, 15)***

Like Kitty and Jamie, other participants often expressed themselves in a humble yet poetic way. Summing up, the participants seemed to understand spirituality as:

- Dynamic, fluid, evolving
- All pervading, universal: "spirituality is everywhere and all the time"
- A feeling of Unity, Wholeness
- The experience of awe, being deeply moved and marveled
- Non-dogmatic, non-religious, beyond organized traditions
- Beyond the material realm
- Nature bound
- Feeling a presence, a special perception, a non-ordinary consciousness state
- Responsive: it can be contacted, and it responds
- Emptiness, the void, contact with a formless level
- Experienced in silence and solitude
- Relational: reached through relations to others

⁸ To ease the flow of Kitty's ideas, I changed a few lines in the stanza at the beginning of this chapter, though without changing words. Jamie's quote is unchanged.

Integrating different spiritual perspectives. The therapists often addressed their understanding of spirituality with reflections and stories of their own life. Line, one of the first clinicians I interviewed, exemplifies this. I had known Line since I was a student in the 1980s, in the days when most teachers at the Psychology faculty considered yoga and meditation as some “weird Indian stuff” quite “outside the box” and practiced by “strange” (sic) people. We learned nothing about spiritual traditions, or consciousness phenomena for that matter, nor about the work of Carl Gustav Jung. But Line was interested in all those perspectives outside the university curricula. Some years my senior, she was someone I had looked up to as a dedicated and rigorous psychotherapist, yet daring and creative. Line was private, but personable and warm, with an easy, joyful smile. Often wearing lovely blues and purples, she did not look like the “reserved” and “neutral” psychotherapist of the old days. Line followed her own path, while I instead wore black or grey suits and took internships within the healthcare system in order to achieve two clinical specializations and to qualify for a full-time state funded private practice I still have.

Line had struggled to accept how clients were treated within state clinics, and she chose to start her own private practice, integrating approaches taught outside university, like Neo-Reichian, body-oriented psychotherapy work, Gestalt therapy which she enriched by her wide knowledge of different spiritual traditions. Almost thirty years later we became reacquainted at Tibetan Buddhist courses, and she agreed to participate in this study. I had therefore thought Line was now a Buddhist practitioner and was surprised when she later revealed her spiritual leanings. Line’s positioning opened my mind to consider new ways of understanding other therapists’ spiritual stance when, very early in our conversation she told:

First of all, I want to make clear that I am not a Buddhist, but I am a spiritual person. And my spiritual stance is quite open, I think. In the sense that it was quite early, when I started to study psychology, that I experienced, and have understood, that we exist in a spiritual reality. And that our lives, and all phenomena take place in a spiritual reality that has many different expressions. In different traditions, different times, and different cultures, and actually until not so long ago, human beings experienced themselves as being a wholeness. And they understood that in a way the immaterial, spirit, consciousness is in a way the ground or background where all the other phenomena, people, matter, Earth and Sky, unfold. All this is unity. And I grasped some of that unity before studying psychology, when I started to practice Yoga and meditation. Also, when reading Carl Jung who did take up those perspectives and I recognized myself in his views. (Line, 2)

Line was in her late sixties, and like most Norwegians of her generation, her upbringing was within the Norwegian Lutheran State church. Though she acknowledged the spiritual and cultural influences of her religious background, today Line does not identify with a particular religion and like other participants appears as ‘spiritual, but not religious’ (Drescher, 2016; Sheldrake, 2017; Torralba, 2016; Walach, 2017) and conveys a fluid spirituality (Bidwell, 2018).

Every therapist conveyed views on spirituality involving the idea of unity, transcendence, and all-pervading consciousness. For instance, at the beginning of our telephone conversation, Carme, a Roman Catholic Catalanian clinical psychologist shared:

Spirituality is the dimension of a person that is not related to the mind or with the physical world in which we are used to live. Spirituality is all what is transcendental. (Carme, 5)

I had contacted Carme through a Spanish psychiatrist—a friend of a friend who declined to participate but checked with Carme and sent me her email. We scheduled the interview, but Skype was not working and ended up talking on the telephone in a spontaneous and trustful way, as if we had known each other before. Carme shared about her own childhood feelings of unity inspired by Christian views to which she attaches a spiritual character.

Instead, Helen, a Danish psychotherapist in her late sixties, had a secular family background. Helen trained within a Jungian perspective and Holotropic Workshop and integrates body work and shamanic practices in her clinical approach. I have known Helen for several years but knew little about her personal life. I learned now that in her youth, she was active in politics and art, wanting to make “the Earth a better place,” as she put it. Before becoming a therapist, Helen worked for many years in the theater sewing costumes, and painting decorations. She has also written scripts and worked with puppets. Interestingly, Helen compares the spiritual realm with theater, which she knows so well:

It seems there is a world behind this world we are living in, it is like in the theater where people are working behind the stage. And it is the same thing with spirituality, there are lots of energies and lots of entities working behind and through us, and there are so many ways of connecting to that: you can contact through prayers or meditation or whatever way. And you suddenly get access to what is behind this life in this planet, and that there is something there, and I do not know what it is, but we can experience it a little bit sometimes... (Helen, 1053)

Helen shares the idea of spirituality involving a dimension with a transpersonal quality that *can be contacted* and *would respond*, something other therapists also addressed. I will present these views in detail below, under the section: ‘Feeling a Presence’.

Kitty is an English clinical psychologist, also in her sixties, who I met once. She comes from a practicing Roman Catholic family, but is no longer connected to any particular faith:

For me, spirituality is a way of thinking and being that is beyond the material. For me it is not religion, it is more than that, but is part of religion. It is beyond the formal practice of religion, and it is about a dimension, a quality of being beyond material issues. It is about value systems. It is beyond self. It is about thinking about other people, in a way that is beyond oneself, for me at least, is also about service to others. Spirituality includes religion, but not all religions necessarily are very spiritual, they could also be very material in fact -and political. But I think spirituality is about going beyond a sense of self and (into the) other. (Kitty, 19)

Even Pablo, both a clinical psychologist and an ordained Roman Catholic priest, who a Spanish colleague put me in contact with, conveyed similar ideas:

Spirituality is for me all type of contact with a transcendental reality, in whichever form it may take. There are even also people who have a non-theist spirituality, which is not centered in God but in other things, yet in a transcendental way, beyond the material reality. I understand that spirituality is always a contact with a reality beyond the material one and something that drives people's life. Even so for people who are not believers (creyentes) or do not belong to any established religion. Many people who are non-religious, still consider spirituality to be important for them. (Pablo, 3)

James, is a clinical psychologist in his late forties, working in private practice in the UK, who I met once at a lecture, and he agreed to participate. James grew up in a Roman Catholic family and stresses he is not religious but grounded in a scientist’s stance when approaching the idea of spirituality:

Spirituality has to do with how we relate to the larger environment, while being part of that environment ourselves, not so much in a practical sense, but as conscious beings. If we were just machines, we would not have (the) consciousness, that allows us to access that place in our environment. (James, 11)

Though James is not religious, he shares with Pablo the view that materialist and atheists can be “spiritual”:

I believe a person who has no belief in a deity, or in an afterlife, and who is a total materialist, can nevertheless have a spiritual attitude to life. Because they consider

for example, that they have to be in harmony with the environment, or they consider themselves part of a larger process that is going on. (James, 16)

James introduces here the idea of being “in harmony” with our surroundings and a larger dimension of reality. Other therapists, for instance Celia, Petra, Rene, Kitty, Thom, Ella, also refer to being conscious and in harmony with nature as an important dimension of spirituality. I will come back to this understanding of the spiritual several times throughout in this chapter.

Connectedness and freedom. For Thom, a Swiss psychiatrist who lead a work shop I attended, referred to spirituality as a connectedness to something larger that could be experienced in solitude or with others:

For me (spirituality) is to be connected with ourselves and with people around... perhaps also with something beyond but and I don't know if it's really necessary so. (Thom, 10)

It is a sense of contact with something larger than ourselves. And having a feeling of being together (...) connected and being part of a bigger whole. (Thom, 17)

Later in our conversation, Thom described spirituality as:

An experience of wholeness and of belonging to that wholeness and feeling home in it (...) the connectedness has to be there. But (not) necessarily (...) a contact with other people. Spirituality is something which is more inside. I mean they're for example, these people who lived alone. Like the hermits in the desert... (Thom, 34)

I asked Thom if he referred to the first Therapeutae of the Alexandrian desert⁹:

Yes, yes, they lived alone. But they probably had this kind of feeling of being connected with something beyond themselves. And people came to see them because they were attracted by them and their spiritual practices. Yet this contact with others was not necessarily. Perhaps this capacity of experiencing spirituality in solitude (allowed that) (...) they had some kind of freedom. It's strange. It's some kind of connectedness and freedom... (Thom, 45)

Seemingly surprised by his own words and Thom continued:

And I don't know. I never really thought about these matters too much. (Thom, 55)

Thom conveyed that for him a connection with ourselves and with people around were a central aspect of spirituality, yet solitude to connect with an inner spiritual experience was also highlighted. Connectedness and freedom were aspects emphasized in Thom’s understanding of spirituality, in his personal journey, and in what he considered a satisfactory therapeutic work.

⁹ I presented the Therapeutae in Chapter IV, p. 59-60.

Feeling of “Awe” and wonder. Several participants conveyed being moved and experiencing wonder in different spiritually charged situations. For James the feeling of awe was also central in his understanding of spirituality:

So, I think that even, dare I say (Richard) Dawkins (2006), is also a spiritual individual because he thrills about the thought that we are part of a larger evolutionary process, and he gets a feeling of awe. And this I think is a key element, the access to the feeling of awe which comes from a consideration about our place in the universe. (James, 19)

“Old Times” spirituality. Peter is a Danish clinical psychologist in his sixties who I had only greeted at conferences. Peter said his spirituality “changes all the time” and explained:

(Spirituality is) some kind of reaching out for a dimension other than this (one), (and (...)) has to do with being connected to this other dimension. (Peter, 7)

Peter added a particular note to his understanding of spirituality:

I do not speak about spirituality as “wellbeing” or as a New Age concept, but somehow a kind of “Old Time” religious spirituality [...] The notion of another dimension, another reality, is quite important [...]. The idea that there is some kind of God or reality beyond this one. And that is an Old Time [understanding] [...] [As it is the] idea of [...] reaching out and being connected with (another dimension) [...] as a real thing. Not as an experience or as a construction. And that is also “Old Time.” But the New Age or New Times (understanding) could be linking spirituality to astrology or yoga exercises or simply wellbeing, candle lights and comfort, massage and those things. I am not into that in my personal use [of the word spirituality]. (Peter, 9)

Space for new spiritual expressions. Though not all therapists differentiated their understanding of spirituality from what they considered as New Age ideas, like Peter, also Kitty, Thom and Celia seemed critical to some New Age movements. For instance, Kitty and Celia, had worked in the UK with clients from what they identified as “New Age” circles, and appeared critical to their practices, as did Thom in Switzerland. However, I did not go into depth about what these participants understood as New Age. Other participants instead did not seem concerned with differentiating themselves from what could be understood as New Age, either when it came to beliefs, activities or literature. The fact that a few participants included shamanic practices could, for some, be identified as New Age worldviews.

Like Kitty, Thom had a critical reflection about false spiritualities:

And I see many people talking about spirituality who I do not think are really spiritual...so it's really difficult for me to say how it is, but it is a sense of contact with something larger than ourselves. And having a feeling of being together. And of being connected and being part of a bigger whole or something like that. (Thom, 17)

No participant understood spirituality as linked to hedonistic practices, massage and candle lights, and seemed in practice to share Peter's understanding of an 'Old Times' spirituality.

An individual, non-religious search: The view of spirituality being independent of religion was often addressed. For instance, Line referred to an idea of an open, non-denominational spiritual search:

*It is important that we say spiritual and not religious. Because the religious belongs to traditions, dogmas, defined beliefs and meanings, while the spiritual has to do with an individual search. I understand it so that we have a search beyond what we already know (...) as is told in *The Heart Sutra: (Nhat Hanh, 2000)*.¹⁰ (Line, 140)*

The Buddha, in His teaching known as *The Heart Sutra*, expressed the quality of going beyond and beyond, trespassing the 'gate' of the known territory of everyday experience into the path towards the unknown, numinous and all pervading. Without referring to Buddhist or other religious teachings the participants conveyed a similar image in their understanding of spirituality during our conversations. A direct experiencing of the spiritual was central. For instance, Rene, a Danish psychotherapist in his fifties, highlighted that one can feel a personal connection to, as well as a sense of, a presence to Spirit, which he understood as multifaceted and difficult to explain:

It is in a way a complex question, because I've got an intellectual understanding, and I've also got a personal, direct experience. But, in order to approach it, I could say that spirituality is in a way something very mundane, very ordinary, very close to life itself, and at the same time it is something that is a signal from a (part of existence) that is not so ordinary. I am into, and I am exploring, the integral way of seeing things,

¹⁰ TADYATHA OM GATE GATE PARAGATE PARASAMGATE BODHI SVAHA.

Meaning "Go, go to the path of accumulation, to the path of preparation, to the path of seeing, to the path of meditation—go towards buddhahood." is the mantra from the Heart Sutra. Where the teachings of Noble Avalokiteshvara to Venerable Shariputra are condensed.

TADYATHA is "thus" or "it is like this".

GATE GATE means "go, go". So, go to the path of accumulation, go to the path of preparation. This refers to the two initial paths.

PARAGATE refers to going to the path of seeing. PARASAMGATE refers to the path of meditation. BODHI refers to the Buddha. It means going towards buddhahood.

"Go, go to the path of accumulation, to the path of preparation, to the path of seeing, to the path of meditation—go towards buddhahood." <https://www.lamayeshe.com/article/commentary-heart-sutra>

and it gives me a great deal of meaning because I can understand spirituality like any other dimension, from various states or levels. (Rene, 5)

Rene elaborated further:

Sometimes I have spiritual moments, directly, in connection to nature experiences, I am also in a (transpersonal) meditation group, where I can receive messages, often experiencing a connection and a sense of presence. I experience benevolence in its essence, but also benevolent presence (...) (Rene, 16)

After providing these concrete examples of his experience of the spiritual, Rene continued:

But most often I experience spirituality as a sense of emptiness, of nothingness, the void. (Rene, 28)

Rene's description suggests a tension between an intellectual understanding of the spiritual and a direct experience where he receives a transmission or senses a presence, other times a sense of emptiness denotes the spiritual. Later Rene summed up three characteristics of spirituality:

I do not know it would say the Cosmos, but it is emptiness, yet it is filled too. It is not devoid of everything. It is more like the world of phenomena is not so powerful. It is very silent, filled with nothing to say. All of this is Spirituality: 1) Nature Bound; 2) Direct perception of the divine; 3) Emptiness; like we can experience through Meditation. So, I've got these three main approaches to my own spirituality: One way to experience spirituality has to do with Nature or we could say it is "Nature bound," (I can access it basically through) Shamanism and the forces of Nature. I have experiences where I feel a union or connectedness very much with Nature, from that Source. Then I also experience spirituality as a direct perception of the divine, or God, or angels or whatever you call these phenomena, that is another source, a kind of vibration. Like a presence, [...] and by receiving messages and getting intuitive thoughts or inspirations. And then I also experience spirituality as the great emptiness. When I meditate it is almost certain that I go into that emptiness. (Rene, 45)

Rene's detailed summary captures what other participants also conveyed: understandings of spirituality in connection with nature, the relevance of direct experience of the sacred and a quality beyond the material and the void or emptiness that might be accessed through contemplative practices. Effie's approach, as described in next chapter (p. 206) guides the client into getting in contact with this immaterial dimension.

 SPIRITUALITY: FLUID AND EVOLVING

Spirituality was conveyed as something fluid and evolving not something static. Thom conveyed his understanding of spirituality and, surprised by his own words, spontaneously said:

Perhaps I will change this (understanding) with what I say later. (Thom 25)

This capacity of being able to accept the tensions in their own understanding of spirituality, without attempting a concrete definition was characteristic of all participants. Most therapists had moved away from family traditions and their childhood faith, or lack of such, but they now expressed a spiritual search, both alive and in movement. Of all the 15 interviewed therapists, only Carme and Pablo still belonged to their families' Roman Catholic faith. Carme identified herself as Roman Catholic and practiced primarily within her faith but included practices from different traditions, like meditation, and spiritual readings. Asked whether her upbringing influenced her spiritual views, Carme answered:

Yes, of course, it has a lot to do with it! Mostly because my mother has always transmitted to me the idea of Jesus. She was Christian (Roman Catholic), but most of all she would show respect for others. I remember I liked that where we lived, we would come into the elevator and she would talk with a gay couple. And at that time, 50 years ago (in Spain), homosexuality was not a thing people would relate to. But she would show much respect to people who maybe were a little at the margins. She transmitted to me the idea that we are all one and very worthy (and) would convey these values through the way she treated others. Mother had a Christian worldview, but I did like very much the way she treated other people and from there I have also developed my own way of understanding Christianity, but mostly this spiritual dimension. (Carme, 128)

I found interesting that for Carme and Pablo, their Roman Catholic upbringing was still connected with their spirituality, they did not oppose religion with its dogmas to spirituality (as for instance Line did). Being of service to others was also named by Kitty and for Pablo it was an inspiration to study psychology, before becoming a priest.

Primordial, shamanic, transcendental. Jamie, Petra and Helen introduced the idea of shamanic understanding of spirituality. Jamie explains:

Spirituality for me is to be connected to different, transcendental levels. It is a wider dimension. And according to Shamanism, in a shamanic understanding of the world, we are related to, bound to other dimensions. And I mean that when we stay more open for other dimensions, it is like if a door opens up for us. (Jamie, 79)

Spirit is dynamic and can respond. Jamie’s understanding of a spiritual dimension that we can connect with relates to what Petra, Helen and also Peter conveyed. For instance, Peter shared the idea of Spirit having a dynamic and interactive quality, and that Spirit is “something that can respond.” Peter also talks about a spiritual dimension that we can reach and connect to—and that in turn can reach back to us. Though Peter did not share a shamanic worldview, he also describes a spiritual dimension with a dynamic and interactive quality:

In my belief there is a force, yes, a reality that can connect with us. The connection goes both ways, for me personally, but it is not important for the definition. (Peter, 30)

Peter elaborated further on the characteristics of this spiritual force or power:

So, there is a quality of being an acting force that we may call God or Jesus or Archangel or whatever you want. But something that can respond. (Peter, 45)

When we reach out, it responds. When we step one step forwards, it steps ten steps towards us. (Peter, 51)

The dynamic quality of spirituality in Peter’s account is not only related to how we humans might stretch to and interact with it, but it may also be dynamic because of our evolving understandings of what we consider spiritual.

Jesus: a spiritual and therapeutic inspiration. Most of the therapists interviewed (11) came from a Christian background and several participants highlighted that Jesus had been, and still was, a source of inspiration in their personal and professional lives, and that there where Christian values they still identified with (Line, Pablo, Flor, Rene, Thom, Ella, Kitty).

Integrating different spiritual worldviews. Several participants conveyed a fluid spirituality where different spiritual sources were integrated in an unproblematic manner (Bidwell, 2018):

For me, Jesus and Christianity are very important, but I also enjoy and read things about Buddhism and Hinduism, and whatever it is. I have not read much about Islam, to be honest, but I am interested in a more transcendental dimension, not only centered in Christianity, which is what I know better and what is useful for me (in order) to enter this door (into spirituality). (Carme, 143)

During our conversation, Carme shared that the Catalan Roman Catholic church of her community was open in its views, and inclusive to others. Born and raised in Catalonia, Spain, Carme had experienced the oppression that the then State Spanish Roman Catholic church imposed on people under Franco’s dictatorship. Instead, Catalan Roman Catholic church and priests supported the Catalan identity by teaching and preaching in Catalan, a language then

forbidden. For Carme her religious community was open and less judgmental in contrast to more rigid views that dominated Spanish state church when she grew up. An open and inclusive spiritual perspective was central in Carme's work with substance abusers out of. As response to the transcript she added that she also advocates for free mental health services.

I have lived and worked in Norway for more than forty years, but my first twenty-three years were in my home country, Argentina. Still, I do keep a bit of an outsider's view of Scandinavian society, even if am more familiar with it than with the other countries the participants represented. So, I might have paid extra attention to what the Scandinavian therapists conveyed. They also represented the majority of the participants: three Norwegian and three Danish clinicians. Two of them were brought up completely secular (Helen, Petra) while the other four had families who varied in their religious commitment, yet all these six therapists appeared now as spiritual but not religious. Rene, for instance, was born in Denmark in a family with few religious demands, yet culturally influenced by the Evangelical-Lutheran Church of Denmark, the country's official denomination. Today Rene integrates Christian views with Tibetan Buddhist practices, which he sometimes shares with clients. When I asked Rene if he considered himself a Buddhist, he answered with a deep sigh:

I do not know Amalia! I do not know!...I am a Christian because of culture, and because of Faith too. And I am a Buddhist, and I see some beautiful things in Hinduism too. The only thing I am not connected with explicitly is Judaism. It has some things I cannot grasp. But I am fascinated by Hinduism and Buddhism, and by Christianity, and the higher vibrations of those faiths. They are very fascinating for me. (Rene, 389)

I felt an almost painful depth in Rene's initial words, as if he did not know where he belonged when it came to a particular tradition. And at the same time, I was impressed by his authenticity, the fact that he did confront himself and withheld his doubt and the tensions that might arise from staying open to not one, but many inspiring spiritual sources. Like other participants, Rene's account appeared as that of a spiritually fluid, postmodern person (Bidwell, 2018).

Peter had quite a similar family background to Rene, and he also conveyed having a fluid, evolving spiritual stance when he spontaneously shared:

You ask for my personal beliefs and they change all the time! And that is part of a natural process. (Peter, 39)

In Peter's words, I sensed a matter of fact, almost amused statement, as if conveying: "So it is!" when stating that Spirituality moves on, changes "all the time," and that it is OK. Both Peter's

and Rene's reflections condensed much of what other participants conveyed: an integration of different sources of spiritual knowledge within a dynamic view and experiencing of spirituality.

All participants seemed to convey the idea of spirituality as a dynamic force, that enables a connection with a larger and wider dimension beyond the material realm and at the same time enables access to an intimate experience. A relational, interactive aspect of the Spiritual seemed to coexist with a personal dimension that could be experienced in solitude.

CHAPTER IX: FINDINGS- NAVIGATING THE SPIRITUAL

SPIRITUAL APPROACHES AND THE THERAPIST'S ORIENTATION

In this chapter I collected findings illustrating how the therapists addressed spiritual themes in their clinical encounters with clients. However, these themes were often integrated in broader narratives where the clinicians' own spirituality or other aspects were also addressed. Before starting the interviews, I had wondered whether the therapists' own theoretical and formative background would influence their spiritual views. Was it so, I thought, that those who had a psychodynamic background were less "spiritually oriented" than those who applied other approaches, as systemic or cognitive oriented therapy? During the interviews it became evident that the participants had travelled a long professional journey that included an array of trainings and qualifications. For instance, Jamie had started as a psychoanalyst, but later became interested in different approaches including shamanism and body-oriented work like Somatic Experiencing. Petra came from a cognitive background and then became interested in different Neo Reichian and other body-oriented approaches. Helen had been a theater person and studied Jungian Analysis after coming to terms with traumatic events.

Pablo had studied in two different universities, one more psychoanalytically oriented, and then he felt the call to become a priest. After his ordination Pablo fulfilled his studies at a university with a more cognitive approach, later qualifying as a narrative therapist. Kitty had been a university researcher for many years and later trained in several therapeutic approaches with children and families and was now informed by systemic understandings. Thom had been a physician and later a psychiatrist interested in different humanistic approaches before qualifying within Somatic Experiencing. Line had been interested in the integration of body awareness and different Neo Reichian approaches in her clinical work. Ella came from a psychodynamic background and had for many years developed a competence within body-oriented approaches, particularly Somatic Experiencing. Flor also had a psychodynamic understanding to start with and had worked as a clinical sexologist for many years before training in Somatic Experiencing. Peter had worked as a psychodynamic oriented clinician in different mental health institutions before working with existential and psychological evaluation of clients with chronic pain. Celia had worked with a spiritual orientation since she graduated in the 80s and had started a training center for spiritual oriented therapies. Effie started as a psychodynamic oriented clinician, studied in different countries, and later trained within a spiritually oriented therapy form—Time Therapy, developed by her husband Manuel Schoch¹¹. Rene was trained in an integrative psychotherapy that was open to the spiritual. James

¹¹ This may look as a breach of confidentiality, but the disclosure of this information has been approved by this participant (Effie). See also Appendix 3 for an illustration of the communication with this participant.

had worked with cognitive approaches like CBT and developed a more integrative perspective, including mindfulness approaches.

For a succinct overview of the participants' theoretical and clinical background please see: Table 1- Demographic overview of participants, on page 132.

The clinicians' background and their approach to spiritual matters. The generated findings suggest that neither the participants' clinical qualifications nor their family religious background determined how spiritual themes were integrated and approached in their psychotherapy encounters. For instance, Rene, Helen, Petra and Jamie integrated shamanic views, practices and rituals when they consider it appropriate, yet their theoretical and therapeutic foundations and family backgrounds were quite different. Helen is a Jungian Analyst and a Holotropic therapist, from a secular family, and she is one of the participants who is not a psychologist or a psychiatrist, together with Rene who has a Christian and secular family background. Petra and Jamie are both clinical psychologists and work in state-owned clinics, and each also has their own small private practices. Their educational and family backgrounds are very different, secular and religious respectively, from different countries. While Carme and Petra worked mostly with addiction issues in Spain and Norway.

The participants worked with individual clients from different backgrounds, some worked also with families, children and youth. Most participants were trained when psychotherapy training excluded references to spirituality on reading lists. Three participants had received a more spiritually oriented training: Jamie a psychologist from Central Europe and Danish psychotherapists: Helen a Jungian Analyst and Rene, an Integrative therapist.

Shared characteristics of the participants' attitudes and approaches. When addressing spiritual matters, the therapists conveyed some of these views:

- Stayed true to basics of clinical work: empathy, respect client's autonomy
- Challenged some received views on clinical practice, expanding these when appropriate
- Integrated different perspectives and teachings
- Stressed relevance of personal experience
- Self disclosed their spiritual standpoints when appropriate
- Acknowledged the clients' worldviews as a resource
- Introduced spiritual practices (rituals, consciousness work, soul oriented)
- Heuristic interventions (like "God" in sessions)
- Bodywork and grounding exercises, Somatic Experiencing,
- Addressing existential themes: *SoMe* cards (LaCour & Schnell, 2016)

- Suggesting spiritual literature
- Giving hugs when appropriate

Not surprisingly, therapists stressed the importance of kindness, openness, and of staying present to what the client brought to session. Only one therapist implemented a semi structured set of questions known as *SoMeCards* (LaCour & Schnell, 2016)¹². The participants integrated their expertise when approaching spiritual moments and issues, often in a heuristic manner. Just a few of the participants referred to clients who were suffering under controlling religions and belief systems a relevant issue, but outside the scope of this study.

During the interviews, the therapists were asked to recall a story from their clinical practice with a spiritual quality. This was an open-ended question that could be interpreted in different ways, inviting the participant to illustrate particular approaches in which they had addressed spiritual matters with their clients, either as part of a particular worldview or training or as spontaneous, heuristic interventions. My goal here was to explore how therapists and clients entered a spiritual territory in order to understand how they created meaning out of the spiritual content in their interactions with clients. I also wondered what kind of situations or particular themes could open the door to spiritual matters and allow the therapist and the client to access a space with a spiritual resonance (Whitney, 2006). I was interested in details and nuances, and though most participants gave rich descriptions, a few participants struggled to remember relevant situations.

SPIRITUAL INTERVENTIONS INDEPENDENT OF CLIENT'S EXPECTATIONS

I also wanted to know whether the client's therapeutic demand influenced the therapists' spiritually oriented interventions. During the defense of this dissertation's plan at Blanquerna Ramon Llull University (May 2017), one of the opponents wondered whether the participants would implement a more 'spiritual approach' depending on the client's expectations or manifested problem. I had not considered this issue but found it relevant to pay attention to. Through the narratives of the participants it appeared that the client's expectations and/or background did not influence the implementation of a spiritually oriented approach. For instance, Flor, a clinical psychologist with more than twenty years of clinical experience, explained:

¹² I explain the *SoMeCards* method in some detail in page 218. It consists of a set of 26 cards aimed to address the client's sources of meaning in life and to have a conversation around these in order to identify possible challenges and resources (LaCour & Schnell, 2016).

[...] there are people who may not want to get into these [spiritual] themes, while others may [do it] easily. So, I try to work in an integral way, for instance when patients talk about their dreams: I can explain that sometimes dreams are like metaphors, a way to access the language of the soul. Many times, we also talk about how to transform those dreams into something that can have a meaning for others too. We then talk about [the idea] that once you start to transcend your great sufferings that may also generate a capacity to understand others and to be able to offer something to others, so I talk about the importance of going beyond our suffering. (Flor, 384)

When I asked Carme, whether she implemented a spiritual approach according to the client's needs:

No, it is not dependent on that at all. Drugs are an apparent solution, sometimes in order not to feel or think about things that are challenging, it is as the tip of an iceberg. But once you leave this aside and start to relate to other matters [in the client's life] then we are all alike. It does not matter anymore whether someone is a drug addict or is depressive or whatever it may be. It does not matter. The soul is beyond all this. (Carme, 218)

The client's potentials and "vital horizon" at the center. Independently of professional background, the therapists conveyed an attitude of deep respect and care towards their clients. Pablo summarizes what other therapists conveyed:

A mantra we have in Narrative therapy is "The authentic expert is the person, not the therapist!" So being a therapist who knows this person for may be a month, you cannot start to think that "I am an expert about this person"! Such a thought is crazy. What we need to do is that the person becomes aware of her own potentials and starts re-covering what the person already has and has had in other moments in her life. And another important thing is to place the client at the center. So, the only thing we actually do is to be at the service of this person so he or she can find her or his vital horizon. So, in this way the vision of the therapist becomes really expanded, wider... (Pablo, 588)

The participants' views and spiritually sensitive interventions aimed to support their clients through a healing process as well as the actualization of their potentials. Below I share examples illustrating how the therapist experienced those emotionally charged encounters. Each participant's contribution addressed many different aspects: their relation to spirit, their confrontation with human suffering, their personal struggles, their faith to be able to help

another person, and their surrender to forces showing them a unique, creative and powerful way, allowing them to assist the client into healing.

Trust, therapeutic creativity and expertise. In often spontaneous, inspired interventions, the therapists integrated already gained expertise in different therapeutic interventions, including Psychodynamic and Cognitive approaches, Systemic Family Therapy, Somatic Experiencing, Holotropic Workshop, EMDR, Narrative Therapy, and more.

Spiritually sensitive interventions: trusting intuition. Grounded in an attitude of openness, respect, and trust, the participants dared to implement creative and often completely original interventions with great confidence. However, they varied in how actively they initiated a spiritual theme or approach. Some did so if it appeared appropriate and useful to the client, while others allowed the clients to introduce such matters first. Petra, Rene, Flor, Ella and Jamie shared how they often felt guided by intuitions in clinical work. Petra talked about allowing her intuition to guide her in a shamanic session with a private client, an attitude that also guides as a “plain psychologist,” at the State clinic, as she puts it:

Sessions [with a client] were fine, but sometimes I could not trust them. So, I just followed my intuition and left my Ego aside, and just allowed for things to happen. And maybe this is also what happens when I work as a “plain psychologist.” I do not use a schema or a therapeutic manual. Instead I am in the living conversation with the client. And it is not sure where these things come from, or why I just said that, or where I bring these ideas from or from which approach. You could also say that these are ways of working that come from my experience as a therapist. Everything gets mixed up for me! But I do have a method which is physical, body oriented. I have been inspired from many different places though, but it is something I do as routine. (Petra, 71)

Petra’s intervention seemed to align with the bricolage idea I address throughout this dissertation.

Opening the door to spiritual conversations. In the initial letter to the participants I had wondered: What opens the door to a spiritual conversation? And how could clients and therapists work together to address spirituality? Peter’s reflections address this:

I think it has to do with the interest (on the side of the therapist). (...) that patients sense (...) And in my current work it also has to do with the issue of working with functional diseases. And it is the same phenomenon. I know a lot about pain treatment, and a lot of these patients are not only patients with pain, but also patients who are not acknowledged, they are accused of being hypochondriacs or of making

things up in their minds [...]. And for the first time I have contact with several of these patients, because I take the time to talk to them. I ask questions, and they are very often in tears because they are heard for the first time. They are trusted, they are acknowledged for what they are. This is not spiritual, but [...] you could say this is an existential thing, and they feel gratitude. Yes, you can say some things, and just let it happen without being afraid of it. People are very afraid of pain that they do not understand or that they cannot cope with themselves and they want this experience out. And I think the same goes for the spiritual and existential matters. If the therapists cannot cope with this kind of matters themselves, then they want the patient away. And [...] this is a big problem in modern health care. (Peter, 469)

Peter talks with great engagement about clients with chronic *physical* pain and of their need for recognition, and he brings an important perspective when pointing out that mental health care ought to address these and other issues, also spiritual ones, when these are important for the client.

Supporting and expanding the client's views. Respecting the client's worldview was central for all therapists, and they conveyed inviting clients to explore the role and meaning they attached to their spiritual references. Kitty provides an example of her focusing on the client's resources in their faith, as well as being open to possible limitations:

I am also trained as an EMDR therapist, so most of the work there starts by talking about the client's potentials, resources, and also the experience of comfort - or oppression - within a community, which includes the spiritual community or religious group they may belong to. (Kitty, 47)

Later in our conversation Kitty further explained:

I work with Catholics, atheists, Muslims. And to them, I ask the same questions: "What is the meaning of your religion for you?" "What is the meaning of the practice you do, is it helpful or not?" I ask the client "What is the meaning for you?" and then I have a freedom [...] and I value that. (Kitty, 101)

Though she did not explain it in detail (and I forgot to ask about it) Kitty seemed to value her professional freedom when addressing her clients' spiritual needs. Like Helen and Thom, Kitty told me she had been a bit of a rebel as a teenager, and now she valued professional and personal freedom. Thom also explained that freedom was an important part of his spirituality and his professional interventions. Freedom was a tacit quality in many of the participants' narratives, particularly freedom from rigid expectations from therapy schools, health care systems and religion. Indirectly, the clinicians conveyed their need to be free to

choose their understanding of spirituality, and the kind of interventions that made sense for them and their clients.

All participants acknowledged that the client's worldview might be a source for support and meaning in their lives, yet they acknowledged that the same beliefs could cause limitation and stress. Pablo, who worked as a therapist within his church's service explained:

“For a person, his or her beliefs and religious structure is much more important than what we can believe. And we as therapists cannot reject that. On the contrary we have to be aware of that. If not, we make disappear an important part of the person. And this is unfair to the client, because most people do have some kind of spiritual or religious interest. Particularly in the case of people who are deeply devoted as [a woman client from a strict sect was], I could not reject what she stood for.” (Pablo, 670)

Other participants also shared different interventions aimed to support their clients' spiritual or religious interests. For instance, Thom shared:

“Independently of their background, with people who are religious, I try to talk in their own language, because I think that inside these different traditions and concepts there is the same. So, if I can use the concepts they use, to get under the concepts and into what is a spiritual path for them... And I think that if people get in contact with this inner connection from their frame of reference, this can provide them with guidance and help them.” (Thom, 137)

I paid particular attention to Thom's aim to 'use the same language,' instead of expecting the client to come to his way of understanding. Peter shared a similar view and told of a cancer-ridden Muslim woman who he supported in traveling to Mecca before she died:

“I do remember now an elderly Muslim lady who was seriously ill of cancer and was in great pain. And she had never gone to Mecca, and she wanted so [much]to go there before she died. Yet her husband and her doctor were against it. But I supported her and said, “Maybe you should go to Mecca if that is important for you, and if you could get the money for the travel,” which she managed to get. And then she travelled to Mecca and came back home and died here [Peter paused, deeply moved]. That was a touching story. And I think it was great...I did not see her again, but I know somebody who did, and told me it had been so important for her to go to Mecca before she died.” (Peter, 339)

Unfortunately, it is not possible to reflect the *emotional quality* in what Peter conveyed, he was once more moved by the thought of this client, as I was. Addressing the client's spiritual

needs and supporting their faith as a path to reconnection with inner care and guidance was central in the work of all the participant psychotherapists. However, this was not limited to supporting the client to reconnect with an organized religion. Likewise, some therapists acknowledged the client's own expressions of non-denominational, idiosyncratic spirituality, what could be understood as "new spiritual" practices. For instance, Petra told me about clients who would find their own ways to support their healing process, like a young woman who did so through messages given by divination cards:

Another patient who also uses such cards was a very heavy addict. [She] is much better now, a lot of positive things happened [...] the last half year. She draws cards, usually 'Angel cards' that [allegedly] [...] show her directions on how to relate to different things. She asks the angels for help, and experiences that they do help her. Whether this is only something she just believes is helping or if it is really so, I can't say, but the cards she draws and what she talks about in sessions seem to be extremely 'to the point' in her case! And she shares that with me, and I do believe she is helped by the whole process. It is ok for me. I do not write much about it in her patient journal. I write a little, but not all details. (Petra 277)

Like other therapists, Petra shows a nonjudgmental attitude, allowing her clients to find their own way in their healing process.

Acknowledging client's expanded consciousness experiences. Most therapists conveyed a relaxed and acknowledging attitude to possible experiences of expanded consciousness, either those related to having healing hands, Kundalini opening¹³ or experiencing a particular presence in their lives. The therapists would often normalize these experiences in their interactions with clients. For instance, Peter told of a client undergoing Kundalini opening:

I am quite fascinated with paranormal issues. And I had a client just two weeks ago who had a Kundalini rising, if you know the term... (Peter, 635)
And this patient was not spiritual at all, and you know sometimes the Kundalini rising goes wrong. [...] I had read a lot about it and seen a TV program about it, but I had never [...] met anybody with this condition, [so] I was very interested, and really wanted to help him, and maybe also in another way than ordinary pain reduction would do, since this was something new and I wanted to learn more about it. (Peter, 642)

¹³ Kundalini opening, rising or awakening is understood as a movement of life energy coiled at the base of the spine that can give different physical and psychological symptoms, like uncontrolled movements, energy outbursts, electrical sensations, hypersensitivity (<https://karaleah.com>).

Just after I spoke with Peter, I interviewed Celia who also shared about a client undergoing a Kundalini rising. Later Ella told she had gone through such a process. Sometimes it was as if some the interviews “connected” with each other in some kind of *synchronistic* way. Petra also told of clients undergoing what she called *anomalous experiences*:

I normalize [such experiences], and [...] in the first session, instead of asking clients whether they had psychotic episodes, I ask if they have seen or heard things that have not been there. I almost never hear clients tell that they had a psychotic episode, but they may say: “Well, yes there was something or someone going around in the house where I lived before... like shadows or someone knocking ...but now you think I am crazy!” And then I tell them: “No, I don’t think so, I believe there may be spirits and such that go around on their own, I don’t think you are crazy if you have experienced such...” And then I can ask them if they did anything with it, or if there was someone helping them with this or if they moved or what they did with it. And then it is ok. There are some people who have been many times in and out of psychiatric hospitals, [diagnosed as] schizophrenics [...] who may [have] both: a psychotic aspect, [as well as] paranormal experiences too. Because you may [be schizophrenic] and also very open for the other world too. And I have seen some clients who have had paranormal experiences, and I tell them that it is possible to be psychotic, and it is also possible to be a seer, to be able to see things in another dimension. And so together with the client, we can try to find out what is what. (Petra, 333)

Petra supports her client and illustrates a respectful attitude which characterized participants. At the same time, she is able to stay open to ambiguity and tensions, like when she explains that it is possible to have a psychotic episode, a paranormal experience as well both. Petra shared how she and the client work in order to create meaning together of what has happened in their lives, also in relation to anomalous experiences often misunderstood by mental health personnel using a more traditional approach. Similar to what Petra had shared, Jamie told of clients who felt isolated and feared madness when going through transcendental experiences – one had seen a ghost, and the other an angel. Jamie reassured these clients that she believed in their experiences and that they should not fear for their mental integrity:

There are other cases, when a client sometimes talks about something spiritual[or] a particular experience they could be very worried about[and] be very afraid of sharing what they experience for fear of being seen as mad. But I can understand them, and I tell them so. I do see the difference between psychosis and a spiritual experience. (Jamie, 446)

Jamie provided an example of a client who worried after having a numinous experience:

For instance, a patient who many years ago had a very crucial experience, a milestone, where he saw an angel in a church [as] a teenager, and this was a spiritual experience. It was not a psychotic episode or a hallucination. And after experiencing the presence of this angel, the life of this patient was completely changed, because it was such a deep spiritual experience. Before that he had a really difficult life, with many traumatic situations, and he felt, and was really very isolated. But after he had contact with the angel, he then felt he belonged to the universe, and did not feel isolated anymore. He felt he actually could get help, from the universe. And he was very afraid of talking about this and being taken as mad. And he told me: “You are the first person I dare to talk to about this experience”. And I told him just: “It is ok. It is very nice that you had this experience, I do not think you are mad! This was a spiritual experience you had.” So, this was a very supportive and healing experience for him. (Jamie, 458)

Other participants were also open to the idea that mental problems could include a transcendental dimension. Petra told of a client who struggled because of her “healing hands”:

This client had several things that were difficult in her life, economical, physical and in relation to others. And she said that many would tell her she had “warm hands,” but she did not want to be like “The Healer from Snåsa”.¹⁴ I said well, “What if you do have such potentials?” She then would say “I do not want it. I do not want to be a healer!” And then I would ask her, “And what happens when you do not want to accept this part of you?” And I think that in a way, she stopped coming to sessions because I did mean she ought to relate to this part of herself and dare to go into it, somehow. But she was so denying of it and I think it really became a problem. (Petra, 628)

Besides acknowledging the client’s own spiritual experiences, some therapists spoke of their knowledge about spiritual matters. For instance, Line, a Norwegian psychologist would, when appropriate, share her personal knowledge from different spiritual traditions:

A woman [...] told she had experienced meeting Archangel Gabriel. And even if this is related to Christian tradition, the [Lutheran] church is often quite skeptical to these kind of experiences. And who is “Gabriel?” Well, he is the one who brings a message,

¹⁴ «Snåsa mannen» (The Healer man from Snåsa, is an elderly Norwegian healer, widely acknowledged for his clear sightedness and warm, healing hands).

the messenger. So [with this client] we worked together into what Gabriel might like to show or communicate to her. (Line, 61)

By sharing relevant perspectives and expanding the clients' understanding of what they have experienced, Line invited them to consider the symbolism in their own material, and to make meaning together with the therapist. Line did not press a view circumscribed by a religious stance but was inspired by her rich knowledge of different spiritual traditions.

Addressing the client's Soul. For most participants a spiritual perspective included the idea of unity, or that "we are all alike," and some clinicians also explained that their work focused on a part of the client that went beyond the material dimension. Carme, Ella, Helen and Jamie explicitly addressed it as the client's *Soul*. For instance, Carme told she implemented a 'Soul centered' approach, independently of the client's presented problem:

And one of the things I have learned while reading and reflecting upon these matters is that when I am looking at a person, I am not looking at their mind, but to their soul, and my intention is directed to their soul. But I have to be conscious of doing so, if not it does not work this way. So in the moment we are present [and aware of this] sometimes interesting things happen, where the information that I share with the client, comes in, enters, and it reaches deep in the person and sometimes they become so surprised, [...] as if they are not saying: "No, I do not understand" from their minds, but instead they are surprised like "Wow, I had not thought on things from this perspective! (Carme, 228).

Inviting to a spiritual exploration. Asked for an example of how she addresses the client's soul, Carme told of a young man struggling with addiction and concerned for being adopted:

I started to talk with him asking: What may be the meaning of your life, or your being in the world now? Why did you come? What do you think you came to do in this world? (Carme, 241)

Carme invited this client to wonder about the meaning of his existence:

Anyhow, "you are a man, a soul, and you may have been a generous soul that has given yourself to your biological mother so that she could understand something, may be so that she could accomplish something in her own path, or that of your adoptive parents." So, I tried to connect the therapeutic part with a dimension somehow beyond this. Helping him wonder about what could be his life's meaning, but not from a practical or existential level but from a transcendental perspective. (Carme, 252)

Like Kitty, Carme is trained within systemic therapy, which grounds her interventions:

I have trained as a systemic therapist and, within this theoretical frame, we always ask ourselves: ‘What is the symptom’s meaning?’ So, if we contemplate the client’s situation from such a theoretical perspective, and take one step forward, from a more transcendental view, we could ask ‘What is the meaning of your life?’, and ‘Which meaning do the symptoms have?’ In this case, consuming drugs in order to survive. Because actually his level of suffering was such that he could have taken his life many times, but drugs allowed him to stay in this world without being conscious of all he felt. If not, he suffered so much. So, then I asked him: “Which meaning does it have from a more transcendental dimension that you came into this world through a mother who really could not take care of you, but that you offered yourself to her so that she could come to understand something?” (Carne, 270)

Carne continued:

So, when you invite the client to reflect upon what could be the meaning of him coming to this world to live here, then they...Wow! The clients discover and give more relevance to their suffering. They can understand more why they are suffering in this way. It is difficult for me to explain this: I do not know how to put it. (Carne, 274)

I try to reassure Carne that I thought I did understand, and she continued:

So, then clients may say: “Oh I had never reflected upon this.” And I may say, “Well, could we try to see how you could feel if you get in touch with all this?” (Carne, 285)

Soul retrieval. Besides acknowledging the soul within the person, like Carne did, other therapists implemented practices aimed to retrieve these parts of the client’s soul so the person will be whole again. Helen, a Jungian analyst with training in shamanic work, explained:

I also get lost souls. If someone has lost their soul in very traumatic situations, it might be difficult for them to go and get their soul back by themselves. So, if they cannot get it themselves, I do it. We make a process where they get that part of their soul back by themselves. But sometimes it is not possible for the client to do it because it is not possible for them to enter that situation again, and then I can do it. I can just go and take their soul and put it back into them. (Helen, 387)

Helen went in detail to explain how a part of our soul may be compromised and even held back when undergoing a traumatic experience, and she shared clinical examples. For instance, that of a woman who suffered since childhood, after she befriended a severely traumatized girl who manipulated and controlled her, for years leaving this client with issues of self-worth. Helen also told of a man who also had been manipulated and traumatized abroad during shamanic

ceremonies. He was left feeling that part of his soul was left behind in that country and needed to be retrieved. Helen helped both these clients to retrieve their souls and she explained that sometimes people who themselves are not “whole” and lack part of their own soul may unconsciously - or consciously- take other people’s souls. She emphatically says this often takes place during sexual abuse, and when undergoing a difficult divorce process. Helen explained that Soul retrieval can be a quick way to recover vitality and wholeness and to find a solution to existing challenges. When asked she understood as *soul* she answered promptly:

But what the soul is? I have no idea! It is just how I see it [...] you can speculate about it, whether it is in your body or if you have an inner world where this soul is still walking around in [another place], or for the girl, if her soul is actually still with this other girl who dominated her? Or, if it sitting right here as an image, or as a symbol? I don’t know! I mean for Jung the soul was a symbol that can bring transformation... (Helen, 538)

Helen stays with the tension of not being able to find a concrete definition of the soul, yet she introduces some of its qualities, like it being an inner experience that can symbolize transformation. Similarly, Jamie implemented soul retrieval techniques, either from a shamanic point of reference, using active imagination, embodied experiences or through Somatic Experiencing- as also Ella did (Levine, 2010). Like Petra and Helen, Jamie understands that either living or dead spirits can attach to persons who have “soul” parts missing and cause her or him suffering. Jamie told of a young woman who could see ghosts, and with whom Jamie worked so that she would get back the missing soul part: “and then the ghosts could go back and leave her [in peace].” (Jamie, 482). Jamie further described how this client experienced positive changes, perceiving the world in a deeper and more satisfactory way, as Jamie put it:

So even if I would not do anything extra in a shamanic sense, when I, for instance, work from acknowledged interventions as Sensorimotor Psychotherapy or Somatic Experiencing, then I also work with the different soul parts. At least that is how I experience it. And when I start to talk with a Self-part, in a psychotherapy process within some of those approaches it often happens that a patient may say: “The world has changed!” (Jamie, 87)

When I asked Jamie how the person’s perception of the world changed, she clarified:

Well, their perception of reality, the sensations, life feelings, and self-awareness change. Their concrete perception changes, their seeing, for example. [The] outside world appears brighter, lighter, wider: they look sharper. (Jamie, 159)

Jamie further explained that within shamanic practices, the healer may contact spirit guides in order to get information on how to help. She used this practice without disclosing it to the client, more like one would consult a supervisor, as she put it. However, in order to aid a client through soul retrieval it is mandatory to have the client's authorization:

We can't do a [soul] recovery process without the person being there. She has to be there. I cannot do anything without the presence and the permission of the person in question. I cannot work if the person does not know that I am working on her. But I can do a journey for myself, when I have a question, for instance, of how I can help this patient. But this is my own question, I don't do anything without the patient or without them knowing I am working, of course! That would be an intrusion. And it would be unethical too. (Jamie, 502)

Soul work through Somatic Experiencing. Though not addressed as "soul retrieval," Ella implemented a spiritual approach with her clients from the perspective of Somatic Experiencing (Levine, 2010), which she addresses as a "soulful" approach. Ella gave a detailed account of her work with a severely traumatized Muslim man who had experienced atrocities due to his political activities against the regime of his home country. I present Ella's thorough description since it illustrates well this body and soul-oriented approach that other participants also implemented:

I taught (this client) how to make contact with the good memories in his life: the good things from his childhood, the good things from his country. And I taught him to make contact with his body because I understood that he was a loving person very caring for his wife and children. So, I helped him to hold his hands over his heart, like this [Ella shows me], over his breast (she shows me) (Ella, 208)

Ella's client was mostly lying on the floor, while she was sitting by him, holding his hand. A translator was also present, sitting on a chair. Ella also taught her client *Trauma Releasing Exercises*, (Berceli, 2005), where the client is instructed into tremor producing positions to release trauma induced tensions:

And he said that it was so difficult to get better because his soul had left him. So that his soul was never in the same place than him, but beside him [at his side]. And he almost pointed to where his soul was [outside his body]. And he said his body did not feel well. So, I told him that "Maybe your body is in such a pain that your soul cannot come back. So, we must help your body to start to rest because you are continuously aroused." He had so many flashbacks! It was as if he was tortured every night. He

also felt very guilty. So, we worked very gently with this exercise just a little bit. (Ella, 214)

Following a Somatic Experiencing approach, Ella kept eye contact with her client, touching him gently, and explaining what they were doing:

And we worked with holding his hands on his breast and I hold over his hand while we had eye contact. So, he started very, very carefully with releasing the activation a little bit every time, and [...] I told him, “I think that your soul is willing to come back when you start to rest and you start to sleep.” (Ella, 223)

After several [sessions he] started to have the impression that his soul was willing to come back, [and] he told me that the soul did not want to come back because it was afraid [of him being politically active again]. So he started to see how his soul protected him so that he would not get healthier before he [...] would take care of himself. (Ella, 228)

So that he had a kind of negotiation with his soul, with me, and with himself, as the loving husband and protective father [he was], so that he could begin to take care of himself. Then he [...] moved forwards [...] [from] his bodily suffering and retraumatizing [due to] flashbacks. So now we are in a very interesting process. Because this is very soul full therapy. It is beautiful. (Ella, 235)

Ella genuinely acknowledged her client’s worldview, and used it as a resource:

I use [this Muslim man’s] knowledge about Islam, because he is a very reflective person and it seems that in his country, they have a very open attitude towards spirituality. And I don’t see that we could have gone forward in the therapy process if we had not worked with his soul [which] was important for his healing to take place. So, he started to talk about his soul, and he understood it immediately when I came with my ideas and contributions on how his soul could be helpful in the healing process. (Ella, 242)

The excerpt above may illustrate why Ella considers Somatic Experiencing (SE) a soulful trauma therapy, but it definitely shows what a skillful and committed therapist she is. Since I was not acquainted with theories and neuropsychological research underpinning SE, Ella took time to introduce these to me. She told me that its creator, Peter Levine, was also influenced by shamanic wisdom as well as approaches from Carl Gustav Jung’s psychology, particularly the idea of biologically fundamental archetypes (Jung, 1961; Levine, 2010, 2018). During our dialogue, Ella also shared a thorough presentation of theories underpinning her trauma approach which she had integrated during her more than 30 years of clinical work. These

perspectives included knowledge from neurobiology, attachment theory, deep psychology, Neo Reichian and body work through inner awareness and movement.

Addressing the formless level: Time Therapy. I found variations in how different participants accessed their intuition and unfolded it in clinical interventions. In this section I present how Effie implemented her own development of “Time therapy,” originally created by her late husband Manuel Schoch (2005), an approach I was not acquainted with. Effie was made aware of particular ways of working with her own and her client’s energy during her meditations, particularly after personal bereavement. In order to illustrate her way of working she suggested I could be guided into deep contact with a personal issue, which I accepted. Effie told me that before I arrived at our appointment, she had taken some time to get in touch with my energy system, as she does with all her clients. Effie’s rationale for doing so is that we are all one and at the same time part of the “formless level (...) that connects everything” (Effie, 578). Through meditation, Effie gets a feeling or an idea, in this case a number, which she assumed had to do with a particular age and then asked me what happened in my life at that age. Below I summarize Effie’s instructions.

Effie’s exercise to contact the formless level. Effie guided me gently through this contemplative exercise, not in rigid steps, but in an organic, supportive way. Here I choose to write the main instructions:

- Identify an issue you want to work with
- Close your eyes, paying attention to any tension in the body
- Go totally into this feeling, into any contraction
- Do not care of right or wrong, do not judge
- Be totally observing, aware of whatever manifests
- Give it all your attention, follow the movement of energy
- Try not to put your mind in it
- Do not run into thinking: Why is this feeling there?
- Give it space
- Go into it even more, give it space:
- You know *it is not even yours*

Effie explains that her therapeutic approach starts from the present, the here and now, because the tension experienced by the client also takes place at the present moment, since we all are connected to the stories we carry with us. By giving total attention to what happens here and

now in that area of our system, another area may be involved, that in turn enables contact with what Effie addresses as “the quality”:

From the weakness to the quality. Effie addresses first a challenging issue, works through deeper layers of consciousness and awareness to eventually come to a level of acceptance and inner wisdom:

It is interesting to point out that when we try to control a situation, we disconnect from it even more. So here it is important to ‘not to control’ [...] there is none of us who does not meet difficulties, and we all have weaknesses. In this body-mind there is no perfection [...] Nobody is perfect. And therefore, it is important to connect back with the quality, to this presence of infinite awareness that this quality represents, and in a special, particular way it comes through each of us in a unique way, but the source is obviously always there and it is the same for all of us. (Effie, 175)

Effie conveyed her understanding of this level of deep consciousness:

The boundless level [...] with its expanding stillness and presence, is the level of THE QUALITY. Now specifically because the quality is not personal, it is given to you to use it, but if one wants [one can] translate it into a personal way. So, from that radiance and expansion that the client arrives at, which is felt at the moment, we ask the client: “When you look at yourself from this level of clarity and radiance and boundlessness, and when you watch out for yourself, what would you say is YOUR OUTSTANDING QUALITY? Are you aware of the way in which you perceive?” (Effie, 117)

Effie conveys that healing takes place through acknowledging what is burdening and limiting us, which also has a potential to enable contact with a level of awareness that connects us with a boundless quality of our existence instead of fragmenting and separating us:

In my way of working it starts with the so called WEAKNESS, because at the other end of the weakness there is always THE QUALITY. You can start from wherever you want, because anyhow you will come back to the quality. So, instead of having it as something that happens to draw me down, it is actually an opportunity, [like] when I get to feel a little unsecure, or a little angry towards someone, without reacting to it. By being only aware of it, stopping me doing something and stopping me connecting to the story, The Past, stopping trying to change it as well, very important! (Effie, 183)

Effie explained:

We function in the body/mind level [...] we first recognize or see what happens [at that level]. So, if you look, at the first glance, you think that you see the body/mind, sort

of: “Oh, look that what I did or experienced.” The body/mind is always there first, and then by looking precisely and long enough, making a story, interpreting it and without wanting to solve it, that brings you to the quality. You do not have to do anything, do not go looking for the quality, because if not you will never arrive there. It is the readiness to stay with it, of being there, accepting what is, acknowledging it, and finally, the ‘no reaction’ level of it, brings you to the quality by itself. (Effie, 218)

According to Effie, allowing for the quality to manifest implies a process that is itself the quality. She goes in detail pointing out the key elements in her approach:

- There is no effort
- There is no pressure, no reaction
- There is no reason, no justification, no judgement
- There is total acceptance of the present moment
- There is readiness to stay with whatever emerges
- This brings us to the quality

Effie further conveys:

The quality is what brings you really in connection with that level of presence and awareness. But you have to take away the curtains. And the curtains are always the conditioning: The Body-Mind. (Effie, 328)

Being aware of the source, you [...] realize that it is not just My Mind, or Your mind, it is ‘the Human mind’, and the human conditioning. And the first and the biggest conditioning is: ‘I am the Body-Mind,’ and there it all stops. (Effie, 358)

Effie summed up her way of working with Qualities:

This process we do [...] in this approach is not about any improvement. You accept the weak point of being a human being. There is in us a non-perfection level per se. So, make it clear that it is like that. And because you accept it, it brings you to the other level where there is no way that there could be a body alive, or a mind alive without this source. It is there behind. And the source carries the quality. (Effie, 272)

The ultimate goal of Effie’s approach is to reach a healing level through unity with all there is. She stressed the importance of guiding our awareness to what we experience, being present without intervening or trying to stop, correct or change the process of awareness but instead showing full acceptance of what is:

In our work as therapists [we] have traditionally been trying to change things, very much[...]. [H]ere instead we do not want to correct anything, [or] to explain it either,

we do not get into the story. Instead we observe what is there, directly, and it brings you to the quality. (Effie,195)

So much [emphasis in mental health care] has been put on correcting something. Like ‘bipolars should not be bipolar’ or ‘a depressed person should [...] take medication’. Instead, through this work these preconceptions just fall apart, because we have access to this [deeper] level and we have the capacity at each moment to access this ‘healing level’ as you call it. I like that, through the weakness without solving the weakness because, let’s be honest: Can a weakness really be solved? (Effie, 379)

Upon receiving the transcript of our conversation, Effie wrote an email where she added a description of the basic principles in her way of implementing Time Therapy:

Finding the blind spot of the client who needs more sessions, the therapist connects with that blind spot or weakness and with the quality or charisma the client has as a potential. Every weakness corresponds to a quality which is part of the boundless level. In this way instead of re traumatizing the weak part of the personality, we acknowledge the possible trauma and we find the quality that is there as the other side of the same coin. This technique contributes to activate the healing process. In this way we reinforce the awareness of the spirit level that we are, instead of working with the personality, which once established is centered on itself, as the most important thing that exists. (Effie, 1340)

Like other participants, Effie acknowledges that we are first and foremost spiritual beings, and that healing can be promoted by an awareness of a transcendental dimension in our lives

Accepting what cannot be solved. Different therapists addressed several aspects in keeping with social constructionist views even if not acknowledging such perspectives. For one thing, most therapists were active in including me into our dialogues, validating my reflections, in a collaborative way. Effie did this by giving positive feedback to my interventions in an inclusive manner, for instance above, when she says “this ‘healing level’ as you call it. I like that,” conveying a feeling of co creation of meaning between the two of us, as other therapists also did. Effie also emphasized that tensions or weaknesses cannot “really be solved,” which also resonates with a social constructionist stance (Wulf, 2017) which I discuss in chapter V, (p. 114) By accepting what is there and cannot be erased, corrected or solved, healing may start to take place, through connecting with the quality within the problematic issue.

Several other participants also highlighted the importance of presence, a nonjudgmental attitude and acceptance for what manifests in life and in the process of therapy. For instance,

Rene shared a moving story of a client who was given support to accept the reality of her terminal cancer and her imminent confrontation with death. Thom, on the other hand, shared about a woman struggling with strong anxiety and panic attacks:

She really struggled [having] a hard time. And somehow...after we had several sessions, and after working with Somatic Experiencing, and accepting who she was, and also with accepting where she was, the situation she was in...after a while, she really managed to go through some very difficult experiences. And she really struggled, it was an inner struggle and it was very painful for her at those moments because she was always criticizing and demeaning herself. I mean she was fighting all these difficult feelings. (Thom, 102)

But then, at a certain point she like gave up this fight and then she had an experience of just opening up which was real for her. It was a kind of experience of enlightenment, like it has been described by other people I have read about. And in this experience, she was really becoming free of everything. But of course, this is only one moment. And I think I talked with her because she had had some element of connection to something spiritual. (Thom, 116)

Accompanying the client in the process of surrender, giving up to their life situation's demands and accepting what could not be changed was central in these clinicians' interventions.

Fully present, allowing the process to unfold. Besides emphasizing the importance of being fully present, conscious and aware, therapists conveyed they did not try to be neutral. This conscious awareness during therapy encounters, and also before the client came to sessions, was central to how many therapists worked. To illustrate this attitude, I chose to put Effie's own, poetic words, in a stanza:

*When working with the client
I look always behind this level [where] the quality will manifest.
There is this formless level which gives it life,
Which brings it in and nourishes it,
Which lets it be and flow into the system.
There is nothing you have to do.
No effort.
Pay attention to the movement of our mind,
Look how it tries to interfere: NO!
Instead, just be there with it...
Wonderful!
(Effie, 156)*

Like other participants, Effie explained that her work does not rest on manuals or techniques, but instead goes beyond words, beyond the stories we create about ourselves and our

circumstances. This process enables the client to experience freedom from cultural conditioning and opens the door to an inner space which Effie understands as a formless ground, untouched by the mind's activities, where healing takes place and to which we all have access to. Similarly, Ella, Flor, Jamie, Thom, Petra, Effie, Rene, Helen, Carme, also elaborated on how they guided their clients to go deeper and deeper within themselves, paying attention to sensations, emotions, thoughts, and associations that could allow the client to come in contact with themselves. Being present not only as a therapist but as someone inviting to acknowledge life in this very moment, is something all therapists addressed in some way or another.

THERAPIST INTRODUCES SPIRITUAL THEMES

In this section I share other types of interventions where the participants introduced spiritually charged themes in clinical sessions.

A chair for God in family therapy. In her work with clergy families, Kitty, would often include God:

I had a family session once, with all family members together, where we had an empty chair. Because, you know, we do this in transgenerational therapy, with grandmother, grandfather, and so on. And we would have an empty chair for the person missing, like a lost child, and we would sit a teddy bear there. So, when we work with these clergy families, we always have an empty chair for God. And we would ask: "What would God say?" so that the voice of God is in there too. (Kitty, 445)

Kitty justified the inclusion of God in family work as a logical consequence of her training in systemic family therapy, which she interpreted and integrated in her own therapy practice in her most original way. However, this is not the case for all family therapists, and in fact, other systemic therapists I approached were *not* interested in spirituality at all.

Jamie, also a psychologist, was informed by psychoanalysis, somatic experiencing, and shamanic studies. For her, reconnecting with the client remains central:

As therapists we must always use different layers or have access to different levels within the person. We must not only use the personal level, but also, we must try to reconnect the patient to the world, to the universe. Also, my patients, when I work with the Ego functions, and with the different 'Ego States', they may say, "Oh, now I do experience myself as whole!" (Jamie, 29)

Jamie notes that feeling wholeness may open the door to spiritual experiences for her clients:

I have observed that often a spiritual way seems to open up for the client. [They feel] as a part of the universe, they start to observe different signs that did not draw their attention before. (Jamie, 31)

Jamie then told the story of a traumatized client who after one year of intense therapy started to pay attention to different phenomena around her. In hopes of transmitting some of the sensitivity and the poetic power I felt in Jamie's story, I turned her words into a stanza format:

*Once after a session she went out,
and realized that even if the sky was heavily clouded,
there was a ray of Sun
that seemed to shine right on her.
She could actually see that the whole parking place was in shadow,
while she had sun on her
because suddenly
there was this ray falling just where she was standing,
like if the sky had opened,
some clouds had moved
and the Sun appeared
a little bit,
like a spotlight in the darkness,
falling just on her. (Jamie, 48)*

I invite the reader to wander through the lines above and be aware of the feelings or associations this stanza evokes. These powerful and moving stories may be part of many clinical encounters, and other therapists also spoke about their work in manners that at times appeared as beautiful pieces of art, using metaphors, sensory words etc. In another passage of our conversation, Jamie illustrated the healing process her clients go through:

And clients do say often: "Now I have become whole!" It is as if they get access to the whole world, like if they would say: "Now I am in the world. Now I belong to the world! Now I am not separated from the rest of the world anymore! I am no longer isolated." (Jamie, 55)

Several participants referred to their clients' healing process. For instance, Ella told about supporting clients to become whole again as something "magical" facilitated by the way she provides a safe place, a safe container for the client:

So, the way I work with spirituality is in taking in consideration whether the room feels safe enough so that the client can dare to be her or himself and be present in his or her own body in his or her own life. Then the magic or the mystic will take place in the room. (Ella, 129)

Ella further explained:

For me magic happens when something becomes whole again, like pieces of the soul that are put back into place. And in shamanic traditions it is understood that the trauma we carry makes [it seems as if] parts of our soul are missing and disappeared, until something happens and those parts of the soul can be retrieved back. (Ella, 137)

Ella's story has some similarities to Helen's soul retrieval work. Ella thinks that much of psychotherapy work happens in this level, particularly with those who have experienced perinatal trauma. She further explains how she thinks this healing process takes place:

*In very early trauma (...)
Pieces of Ego states can be lost
So, the patient cannot feel whole.
And in therapy work,
When it feels safe, and
In a safe container, with a regulated contact,
Then it is possible to recover
The parts of the soul that are missing.
And then it is magic! (Ella, 143)*

As part of the healing process, several therapists stressed in different ways, the need to accept what cannot be changed nor completely healed, as well as coming to terms with one's own vulnerability as human beings, like Effie addressed. All therapists conveyed joy for being part of the process of helping clients becoming whole, or at least "more whole" than before. In the next chapter I address the participants' experiences and feelings.

Suggesting rituals. Besides being a highly qualified clinical psychologist, Jamie is an accomplished shaman, but she does not disclose shamanic views at the state clinic where she works. In fact, she is very afraid of doing so. However, Jamie often introduces rituals, almost as a *rite of passage* into a new life stage, particularly when the heaviest burdens are overcome and successful psychotherapy comes to an end. Jamie explains how rituals aid clients, helping them visualize, letting go of difficulties and troubling relationships in symbolic ways. Jamie's introduction to rituals is independent of the issues the client has struggled with, whether these were due to inner conflicts or abuse by others. She shared:

This client who had gone through a traumatic event, and had worked through it, so I suggested, as I often do, that she would do a ritual. Often, I suggest this, for instance, after a client has completed a grief process, or when they say farewell to a person who mistreated or abused them. And we have worked through the painful experiences, and moved on, so that they experience a transformation of their own personal history they experience the transformation of [...] their feelings [and] attitudes. (Jamie, 119)

So, I often suggest: “You know, now that you have moved on, after working through all you have gone through, and you are now in a better and different place, you could, for instance, do a ritual. You could find out how, and where [to do it], as a ritual marking that you are finished with what has happened, so that you now can say farewell, and so that you can open the door to your new reality, your new way, your new life.” And I must say that clients so absolutely understand what I am talking about! (Jamie, 131)

Jamie’s answer surprised me. I wondered if clients would understand what she meant by a ritual. After all, she worked in a state clinic and met clients from diverse backgrounds, many of them with serious diagnoses. I asked her if a client would ever ask: “What do you mean by ritual?” or “What kind of ritual?” Almost condescendingly, she looked me in the eye and answered with confidence: “But they *do* understand!” (Jamie, 156)

When the client and I are at the stage of our work and when the client feels after a while that he or she can say, for instance, to the person who abused her, that “Now it is enough!” And I mean, this usually happens after a long and/or intense period of therapeutic work, then we can say: “Ok, but if you can, do a ritual, you can find yourself a ritual and do it!” The ritual is very, very simple. So simple and [yet] it is so powerful... (Jamie, 695)

After having reassuring me that clients do understand what a ritual means, Jamie added: “Rituals have a strong power.” (Jamie, 671). I asked Jamie if she could share a case in which she performed a ritual with a client. Jamie’s answered assertively and matter-of-factly:

It is not that I did a ritual. I don’t do rituals for the patients. They have to find a way to do a ritual themselves. [...] In the ritual it is very important that the client find the ritual her or himself. I cannot do it for him (or her). Because the rituals are given to us, we get them from the spirits. When I do a ritual, I have gotten it from the spirits myself. (Jamie, 678)

Due to her knowledge of shamanic practices, suggesting rituals was something Jamie felt confident about. Instead, other therapists inspired clients in a non-missionary way by sharing from their own spiritual interests and knowledge, like suggesting reading material.

Suggesting books or practices from different spiritual sources. Carme conveyed that as a therapist she has to take the first step to open the door to spiritual themes because, she thinks, clients may not always know how to address spiritual matters in conversations with their therapist:

Yes, (I have to open the door) if not, clients do not dare, they do not know if we will be receptive or just say: “Listen, these are just silly or strange things.” So, it is important that we take the first step as a therapist to open the door to talk about these matters and introduce these with respect, with the conviction that this dimension of the soul or the spirit is a fundamental part of a person. (Carme, 79)

I asked Carme if she had a story of such a “door opening” conversation, and she said:

There are so many! Because as I tell you, when you open the door people connect with this subject. [Besides] I often recommend books, not of self-help, but really on spirituality. In order to present this material like: “Have a read of this and tell me what you think about it.” I do not propose it as a self-help book but as a book that opens the door to a dimension which we often do not talk about. (Carme, 83)

Carme proposed inspiring reading according to the client’s needs and interests:

So sometimes I recommend a book, depending on the person, not to everyone, but if I see that they are open to the possibility of understanding or relating to things from another perspective than only words. (Carme, 97)

While Effie conveyed that clients cannot expect directive guidance or techniques since her approach is not “[for the client to be] passive...like tell me what to do” (Effie, 637), and instead are expected to actively participate in their therapeutic and spiritual process, similarly, Carme conveyed approaches where her clients were expected to consciously participate and be co-responsive to the clinician’s invitation into a spiritual reflection. I asked Carme which books she recommends and how she approaches them:

*Well, it depends on the person, if I understand they are more advanced, so is the book I may suggest. For instance: *Conversations with God*, by Neale Walsh (1997) which is very good material and addresses all sorts of relevant matters. So, I may tell the client: “You just let yourself flow and try to be open to at least reflect upon new things, do not take this in as if you were going to mass or as if it was God’s word, even if for me it is, actually, but may be not for you. So just read it in order to open up your mind, to open yourself to dimensions one is not usually open to... (Carme, 120)*

*There are (also) other books like *The Spiritual Laws*, by Vincent Guillem (2013) which I may lend to them. We also talk about people who teach meditation, and sometimes I facilitate a book. There is actually a very simple and lovely book on *Christian Meditation* by Lawrence Freeman (2007) and another book, like *The Power of Now*, by Eckhart Tolle (2004). And we also have worked with a very interesting book called *The Lucid Death* by Paloma Cabadas (2017). (Carme, 112)*

Listening, transcribing, and reflecting upon Carme's words, I notice her way of inspiring clients to let themselves flow, and keep an open mind, trusting something of meaning will manifest. Besides, the books she recommended are published in many languages and accessible as "textual friends" (Gergen, 2009) to people across countries and spiritual backgrounds.

Applying spiritual practices without disclosing. Some participants would not disclose their personal practices to their clients, yet they applied these in order to understand how to aid their clients, like when Jamie and Helen did shamanic work to get guidance from spirits. Rene instead, applied his training in Tibetan Buddhist practices of consciousness work. He did *Phowa*, an advanced meditation practice aimed to stay conscious through the dying process also used to assist another person to achieve transference of consciousness at the time of death (Dalai Lama, 1999). Rene also did *Tonglen*, a visualization of taking the heaviness in another person's life and sending them kindness and healing (Chödrön, 2010). The stanza below illustrates Rene's approach:

***"Underneath there is just this murmur in me,
like "what is this client going through now?"
coming from this and this level and experiencing this suffering?
I then ask myself: "How can I be of the best assistance?"
And there is a spiritual part too.
Many times, when I sit with clients
I practice Phowa or practice Tonglen, while we do therapy.
So, on one level there is our dialogue,
and the cognitive work, or systemic or psychodynamic work we do,
and on an unspoken level,
I work with energy.
Not manipulating.
But in order to serve the client
and to lessen his or her suffering". (Rene, 376)***

Lessening the client's suffering as well as finding ways to reconnect with themselves and with a larger dimension of existence was central in the work of the participants.

Aiding the client to connect with love and forgiveness. As I referred to in the previous chapter, connectedness to others and to something larger than us was seen as an important aspect of spirituality for the participants. Similarly, their spiritual interventions often included a relational aspect, a connection to something larger as well as an acceptance of others and oneself. This was illustrated above by Ella's account (p. 212-213) about supporting a man in the process of forgiving and caring for himself, so that his soul would come back to him. Likewise, Effie's sharing (p. 206-209) of her exercise aimed to contact deeper layers of consciousness and develop acceptance of, something as she says, "*that is not even yours.*" Flor also told of a meeting with the mother of a client who had died by suicide, and how those

encounters were filled with love and acceptance for the young man who felt his life was too heavy a burden.

Both Thom and Celia addressed about young people showing compassion for the planet and for suffering animals as an example of committed action they understood as spiritual—like when young people got involved in Green Peace, of anonymously offered water to animals waiting in a slaughterhouse. In different manners, the participants seemed to support their clients to experience love, compassion as well as acceptance and forgiveness of oneself and others. Most therapists aided their clients to feel a connection with their surroundings through love and acceptance.

Spiritual “translations.” Rene described a creative way of approaching the belief system of the parents of a young woman with terminal cancer, in order to understand their loving intentions. In some of his interventions Rene would translate for the client what her parents’ actions seemed to mean, in a way I felt compelled to call *Spiritual translations*:

One of the things that made me feel joy, was that early on, in her situation [with advanced cancer], was that her mother, who was Christian, would say to her: “You have to embrace Jesus, you have to come back to Jesus otherwise you will go to Hell!” And we spent some time translating that. Because, of course, her mother spoke out of love, but she spoke from the place she was at, she could not do anything else. So, we had to translate that. (Rene, 136)

Her father, on the other hand, pressed her for getting more and more morphine. And she rejected it, because she did not want to lose consciousness. And we discussed that and found out that her father was doing this out of love too, because he could not do anything else. That was what he could do, and he did not want her to suffer and to have pain. And I would tell her that “This is the way he can care for you, making you get more and more medications.” So, we spent some time translating their language [the parents’]. Translating their messages. We translated their wishes as love. (Rene, 146)

Rene was moved while telling this story, and I too felt deeply touched while listening to how he helped this dying client to translate her parents’ words and actions, so that their loving wishes would remain with her. While she did not embrace her parents’ religious views, this client’s integrity was supported by Rene until the end of her life. Together, Rene and this young woman created a bearable meaning of love through their dialogues. Like other participants, Rene told me that such therapeutic interactions gave him joy because of work well done. I shared with Rene my appreciation for him describing what he actually did, since we often tend to talk on

abstract levels about addressing spirituality, or acknowledging another person's spiritual interests, as if we were talking about having different physical traits or religious values, which we professionally accept. Yet rarely do therapists provide such detailed accounts of what they actually do internally, and how they are affected, as Rene and other participants did.

Structured interventions: Sources of Meaning Cards Method. Peter, introduced cards to explore the client's personal meaning, known as *SoMeCaM* or *Sources of Meaning Cards Method*, which was developed by Peter Lacour and Tatjana Schnell (LaCour & Schnell, 2016). It consists of a set of 26 cards, each with a printed word designed to evoke a possible source of meaning in life. The evaluation session takes an hour, during which the client is asked to choose three to five cards addressing the sources of existential meaning they consider most important. Then, the therapist initiates a conversation about what significance each of these sources of meaning has for the client. Possible challenges are explored, as well as how each of these sources of meaning could promote and support personal change, and finally the most relevant aspects of the conversation are summarized by the clinician (LaCour & Schnell, 2016).

As part of an early evaluation, Peter used the *SoMe cards* in his initial interview with clients with chronic pain which allowed him to bring forth general issues of existential meaning in the client's life. Since *SoMe cards* are not spiritual in themselves, they could be implemented as an exploratory instrument in the highly secular context in which Peter saw his clients at a state clinic. Yet the generated conversations would sometimes address religious and spiritual issues too. Peter was the only participant to introduce a manualized exploratory method about existential themes in his conversations with clients. Yet his way of dealing with the generated themes was very open and informed by his many years of clinical experience, which allowed for great spontaneity in the way different matters were dealt with as shown below.

The spiritual power of hugs. A few therapists referred to the healing power of gentle touch, particularly those working with Somatic Experiencing, as Ella, Thom, Flor and Jamie did. Even if not a spiritual intervention by itself, two participants shared stories about hugs their clients gave them. These therapists experienced the spontaneous hugs as an expression of warm feelings, as well as a recognition of the accomplishment of significant therapeutic work. Peter, a senior male psychologist, spoke about working with a young Muslim woman who had been gang raped, who was severely traumatized and terrified of men. However, she soon trusted Peter who managed to create "a safe container" (see Ella, p. 212) for this client. I chose to write the last part of his story in a stanza:

[T]his young client] was terrified of men. And somehow she came to my office and already in the first session she told me all what had happened to her, and which she

had not told anybody before, and it was a horrible, disgusting story about pedophiles and abuse, and how she was just delivered in front of a hospital. And that people threatened her and said that she and her family would be killed if she would tell anything. And somehow, she told me all this in our first meeting, but she would not touch me with a handshake, because she was Muslim. But also, because she was so afraid of men, she would not even dare to be in the same room with them. I worked with her for about two years, decompressing things, with the trauma and backing of trauma, and also with practical issues she took up. And she was clever and had good grades, so she started studying.

*And somehow in the last session she said to me:
 "I will hug you!"
 And we had talked a lot
 about how she felt
 when being alone
 with a male in this room.
 We had talked a lot,
 but never touched,
 and I always said,
 no pressure, no pressure.
 And then she hugged me!
 That was ...
 that was very, very moving!
 And it was happy too,
 because she was cured.
 Not many patients are cured.
 But she was. (Peter, 356)*

Peter was clearly moved when recalling this touching encounter with such a wounded young woman, witnessing her healing process, respecting her boundaries when it came to hand greetings, and after all, being granted a hug that seemed like a gift full of symbolism for both therapist and client. Hugs were also present as a significant element in the work of Carme. Speaking about her experiences with clients with substance abuse, Carme shared:

Of course, this work gives me a lot of joy, and I like to transmit this to my patients, because they are happy when they leave the session, they give me hugs, and say: "So good, so good I/we can talk about this [spiritual themes] with you!" So, we spend the day hugging each other! And clients ask sometimes: "Can I hug you?" (Carme, 175)

Carme then told about receiving a hug from a particular client who conveyed gratitude for being able to discuss spiritual matters with her:

This client commented she was reading a book about lucid dying. From there a very interesting therapeutic session took place that finished in a deep hug she gave me,

saying: “So good to be able to talk about all this with someone, because I did not know how to express all my emotions, my doubts and also my trust in something superior, that is not what we can see, and that one cannot comment with just anybody. (Carme, 54)

Though Carme kept her Roman Catholic faith and practices, she was open to other impulses from new spiritualities, integrating these within her worldview and interventions. These two hug stories appeared quite illustrative of the bricolage of clinical interventions implemented by the participants, and of their sensitivity towards spiritual matters. These spontaneous hugs were not dependent on a cultural background on the side of client and therapist, or their worldviews. Peter, a Scandinavian man accepting the hug of a young Muslim woman, and Carme, a Catalan woman receiving the hugs of clients, suggests that the therapists trusted their interventions and were also open and receptive towards their clients’s expressions. In these particular cases, a spontaneous recognition and gratitude on the side of the client.

Only working from a spiritual stance. A few therapists reported that clients approached them due to their spiritual orientation. Some participants had decided to only work within a spiritually oriented, holistic approach in their private practice. Asked whether she only works with a spiritual orientation, Effie told:

Yes, yes, yes. Since I met my husband [spiritually oriented psychologist M. Schoch] I work in this way. The link to spirituality is as strong as to psychology itself. It then becomes a habit to work like this. (Effie, 568)

I wondered whether all her clients were open to work with a spiritual approach, Effie told:

Yes, they do, they do! It may happen that someone comes without exactly knowing how I work, so I make it very clear from the beginning [...], presenting the way I work through a session [...] giving them the possibility to think: “Do I really want to work with her?” And it opens the doors when they say “Yes.” [...] to work further in the way I do. And sometimes, (...) they (may) think it is not for them. (...) I had the other day a client (a spiritual young man) who (...) after our first session said, “Yes I want to make an appointment!” (...) Yet I felt a little bit that it may not be...so I said: “Listen to yourself, (...) before going to sleep, and think if you want to do this work...” So, he later called and said: “Yes, maybe it is a little too spiritual for me, I will have to think [more].” And later he cancelled, and I thought that it was great, because to say this “YES!” in your heart is a big step. It is very intimate what we do [in this type of psychotherapy approach]. So, you have to really be conscious about it”. (Effie, 600)

Like Effie, Flor was also clear about offering only spiritually oriented psychotherapy. Instead, the rest of the participants adapted their interventions with or without a spiritual content when working with people from an array of personal circumstances and cultural backgrounds.

The importance of grounding. A few therapists said they included grounding exercises which is not a spiritual approach, but a body-oriented intervention that can help clients to stay in touch with their bodies and their everyday surroundings in this material world, in a constructive way. Feeling the empowerment of standing on one's own feet could help the person experience the body as a strong enough container, a body one could count on (Levine, 2010; Berceci, 2005). Petra gave a thorough explanation of how she helps her clients stay in contact with their body's sensation through body awareness and grounding:

“I also work a lot with grounding, asking people to feel their breath, and their weight, to be present, leave their body aside, to be awake and present in their bodies, and then I ask them to let their attention go wherever it wants in their body. It could be any place. A pain in their knee, or itching in their nose, or rumbling in their belly, or [feeling their] heart beats, or [contacting any] tension somewhere. So, I ask them to go there, and sink within it, and so in this way they come to deeper and deeper layers of their subconscious and regain contact with their physical body as well. This helps them ground”. (Petra, 84)

Upon reading the transcript of our conversation, Petra added a commentary on body work:

It is more about asking the client to lay the body on the mattress, so they do not have to stress or make an effort on anything. So, when they then follow the body's signals it is more possible that these come from the psychological level, from the unconscious mind. (Petra 93)

Petra's way of working is similar to that of other clinicians attending to the body as a way to stay in contact with one's own feelings, the world around, and the experience of living itself. Likewise, Thom, Rene, Jamie, Line, Ella, Helen, Effie, also elaborated on this process. Here I address “grounding” as an isolated aspect, yet different themes intertwined in the dialogues. For instance, Petra told of a client could experience deep body awareness and a guiding presence, while she allowed her intuition to flow:

And sometimes people experience that there is something that guides them. And what happens afterwards depends on my own intuition, I just guide them to go deeper and deeper in, but it is not spiritual in a way, but it is in a way spiritual too. Because after all where is the spiritual? Does it have to be outside ourselves or can it be inside? I think that this may have to do with another life... (Petra, 95)

Petra ends up with a question and stays with the tension of not having one answer to what spiritual means. Carme and Jamie rhetorically asked: “Where is the spiritual?” As well as “What is not spiritual in clinical work?”

Clients in conflict with their family’s worldviews. Though this was not the focus of this inquiry, several therapists spoke about challenges when working with people caught in limiting spiritual or religious traditions and demands. It was interesting that a few participants had this first association when asked to share a clinical case with a spiritual content (Kitty, James). Different therapists also told me that they had worked with people caught up in cults or sects under different so-called gurus (Kitty, Celia, Thom), or who had spiritual or religious values the therapist was at variance with (James, Rene). Some participants shared stories where they had encouraged clients to keep and find inspiration in their personal spiritual views even if these differed from their family’s religious tradition (Rene, p. 222). Providing support for the client’s own choices, and to individuate from family demands was central in these clinicians’ work.

For instance, James told of young Muslim women who were professionally successful but felt limited by religious and cultural traditions. James tried to inspire them to search for other ways of practicing Islam that would suit them better without abandoning their family faith. Kitty told of a young man from a Christian sect who considered suicide since he felt embarrassed due to demands and limitations of his family religion, where he was expected to do missionary work, selling magazines and preaching in his own neighborhood. Besides, he was not allowed to partake in activities common among teenagers. With great skill Kitty engaged his parents, who opposed psychotherapy, in order to join them in a common effort to save this young person’s life, while supporting his need for more autonomy.

Pablo, Kitty and Celia shared working with women who were manipulated by their abusive partners to keep true to extreme worldviews (one Christian, two from New Age spiritualities), while Rene (here p. 222) told how he supported a young terminally ill client under the pressure of her parents’ religious views.

Pablo, who practices as both a clinical psychologist and an ordained Catholic priest, shared about a demanding case. A Christian woman struggled with guilt after divorcing her abusive husband who meant she had left him because of demonic possession. She believed his accusations and had asked for help from several exorcist priests, without improvement. Eventually one of these priests sent her to Pablo whose approach differed from that of his priest colleagues. Pablo implemented a narrative therapy approach aiming to help this woman “re-author her life’s narrative,” as he put it. Instead of assuming demonic possession, Pablo helped

his client focus on *how God had helped her* to become free from an abusive partner. Pablo invited this woman to co-create another meaning of the challenges she underwent.

Even if the case Pablo shared is quite particular -almost extreme—it does illustrate a quite common issue, namely a person feeling limited by a belief system and fearing being disloyal to traditions and ideologies. Pablo’s effort was to support this woman from within her faith, a situation that also other clinicians addressed:

This woman client came to me, and we made a journey where she was confronted with her problem of being possessed by the devil, but in a different way. We tried to focus on what was this whole situation trying to communicate to her. (Pablo, 204)

In a veritable postmodern, bricolage manner, Pablo went beyond psychology and theology studies, the disciplines where he was educated and searched among other disciplines:

With this client’s case, I had to read a lot in order to be able to document and inform myself. And I found a very interesting anthropologist, Lewis (2018), who suggested that in cases of altered consciousness he tried to recognize these anthropologically, and not to reject these [demonic possessions] as something meaningless, but instead to use these to liberate the person, which at the end is an exorcism. (Pablo, 285)

This author (Lewis) also says that in more patriarchal societies where the man is the chief, exorcism is more utilized, and that it [usually] is done by a man and those receiving the treatment are women. While there is another line called Adoracionismo [Adoring], which is not so traumatic. What they present here is more than expelling the demon, they try to recover/retrieve the God that has been lost, a little like what you said, recovering Life. And this form of exorcism has traditionally been done by women and in a less violent way. (Pablo, 296)

While Helen and Jamie ventured into shamanic soul retrieval practices (p. 203), Pablo refrained from applying a Roman Catholic exorcism liturgy and thoroughly researched on the matter. Pablo explained that the dramatic kind of exorcism shown in movies is known as “complex exorcism,” a form adopted by the Roman Catholic Church in the Middle ages. However, this is *not* the original form of exorcism as practiced by Jesus:

Simple exorcism, as practiced by Jesus of Nazareth, actually consists of a conversation. If we look in the passages of the New Testament where Jesus does exorcism, He often does not apply any rituals, no stereotyped words, no blessed water, no particular symbols, as those that were used in other religions. Jesus only exorcizes through discourse, the dialogue that He establishes with the person who is possessed or with the family of the possessed, this is what I call Simple Exorcism. (Pablo, 369)

Like Petra, Helen and Jamie, Pablo does not deny the existence of evil forces or possession:

Possession exists and is in fact real, and from the point of view of the person who feels possessed, the evil is eating up their territory. But nowadays we do have tools, and we have a therapeutic approach that is able to give an answer to those themes without entering in a terrifying world, where it becomes mixed up with fantasy and what is religious. And then it all becomes such a mix up that does not convince me, and that at the end stays in a superficial place,[and] ends up being very flashy and impressive. Of course, very dramatic when it comes to making a movie, but for the person who is really suffering such a situation, this is less important. What is important is that this person looks within herself, and when realizing she is completely broken inside, she understands that she needs to reconstruct herself. And she needs this evil she experiences [to be] expelled. That she draws this outside of herself, while she is helped by others, but at the end, it is this very person who builds herself up. And as you very well say, nowadays anthropological, cultural and psychological research provide us with tools that also we religious people should take into account in order to apply these in our pastoral life. (Pablo, 413)

I found Pablo's particular understanding and implementation of simple exorcism is close to what Helen and Jamie detailed as soul retrieval. However, Pablo addresses the importance of Jesus' dialogue in exorcist practice, which Pablo also implemented, but from a narrative therapist position. Dialogue is also a key element of most psychotherapy work, and I amused myself thinking that we could after all often be doing some kind of Jesus' like simple exorcism in our everyday clinical practices. Pablo brought me back to real psychotherapy world and explained further his intervention:

And I would tell her: "Well, you can't see it that way. You may within a structured religion, but from your own personal relation with God, do you think really that it has been like that?" And through that kind of question, and going deeper in the matter, she came to say: "No, no, no what has made me separate from my husband has not been the devil: it was God who made me separate! And I have realized it." And she also understood that God had helped her through conversations with a friend of hers who supported her [very] much, and her confessor priest, who also helped her. (Pablo, 333)

As a reflection to Pablo's words above, I would add here, that even non-believers would agree that God *did* help this woman to get a therapist like Pablo with deep human engagement and fine scholarship as both priest and psychologist. Pablo conveyed a fine sensitivity as a

human being wanting to liberate another, and as a man who did not want to apply patriarchal, violent methods, but rather a female-near *adorationist* approach, through discourse:

[The New Testament tells how Jesus] establishes a dialogue to [a possessed] man and through this dialogue, the person is liberated, and the demons go [away]) ... This way of talking is telling us about something that is REAL! It is not just some invention! It is not something fictitious, but it is not either about a demon: “Waaah”–with horns and stuff! It is all about the reality that impedes the person to realize her or himself as a person. And the encounter – with Jesus in this case – the religious encounter, can liberate him. This is more or less the line of thought where I am doing research. (Pablo, 447)

“Dialogue can help eject all what is becoming heavy for the person.” (Pablo, 472).

Pablo concluded with a phrase that again makes it sound as if therapeutic work is after all not so different from Jesus’ *simple exorcism*. From a different perspective, Pablo’s spiritually sensitive approach seemed strongly related to helping the client to individuate and attain freedom, something that also therapists conveyed.

Not sharing the clients’ worldviews. Issues related to not sharing the client’s worldviews were addressed by some therapists. Like when Kitty (above) told how she tried to build an alliance with parents, in order to help their suicidal son. Being an outsider to the client’s worldview was seen as both a challenge and a possibility for creative interventions, which demanded the therapist to not abandon personal ethics and worldviews. James addressed this:

It is a little tricky, I think, since as an outsider you have to work with beliefs that you do not share in order to help change happen, and it becomes a point where I wonder if I am true to my beliefs or if I am misrepresenting my ethical position by suggesting that someone adopts a new perspective within their own tradition. (James, 116)

It seemed as if the participants invested considerable time in order to understand the client’s worldviews, particularly when these were unfamiliar and challenging. On top of their busy schedules, some participants told me they tried to read and learn as much as possible on a particular perspective brought by the client, as Peter, Pablo, Kitty and James did. Peter told he knew quite a lot about different religions which seemed to give him confidence when meeting clients from diverse religious backgrounds. Line and Rene had also studied different spiritual traditions, while Helen, Celia, Flor, Thom, Jamie, Carme and Effie seemed to start from their own personal experiences when approaching a spiritual dimension in their clients’ lives.

Even if many tried to use the client’s belief system as a starting point, they were loyal to their own ways of understanding Spirit. James wanted to be trustworthy when supporting

clients approach life challenges within their own religious traditions and questioned himself whether he was true to his own beliefs or was misrepresenting his ethics. James explained that meeting such dissonance made him feel disingenuous when leaving his own beliefs behind in his effort to approach the client's. And even if James felt it was 'tricky' to be an outsider to a client's religion (p.225), he acknowledged that it also opened possibilities. Something similar was conveyed by other clinicians, like when Kitty (p. 196) said she valued her freedom when approaching the client's views from outside his or her religious views. At the same time, it seemed that some clients searched for a therapist who did not share his or her family's religious background, may be to listen to a different perspective that could promote personal growth.

Struggling when his clients' worldviews were at variance with his own, James reflected:
I suppose that anybody who comes to see me is willing to go to an infidel in order to do some changes and is so willing to do some kind of therapy. (James, 149)

James introduced the idea that searching for a therapist outside their tradition could indicate a search for an opinion that was less conditioned by the religious views of the clients' families, but for the therapist it could be difficult to relate to know how to proceed. Staying focused on the client's needs, conveying empathy and tolerance while keeping an ethical, human rights-oriented perspective, seemed to have helped therapists find their way through demanding processes. Though many interesting conversations were generated around these themes, I will leave these outside the main findings and elaborate on them in elsewhere.

SPIRITUAL NEEDS COME FROM SOUL, NOT CULTURE.

When Carme shared about hugging clients, I told her that I found these conversations on "the hugs" interesting. Some scholars had asked me about possible cultural differences among the participants in this inquiry, apparently wondering if Scandinavians had a different spiritual approach than Spaniards, or participants from the UK and so on. Carme and I agreed that even if one could look endlessly for differences within countries and cultures, most people have similar needs independently of their origins. Carme told me:

Yes, [people are the same] and especially if one allows oneself to express it. Because it cannot be that, say, Norwegians do not feel like Spaniards. Probably they have been educated to not be so expressive, but this does not mean that they do not have the same need ... because this need comes from our souls. So, this [joy and] gratitude that some may not express, does not mean they do not feel it. It is like with men, who often are educated not to communicate so much of their feelings, but it does not mean they cannot feel or express it. (Carme,197)

Once more, I chose to put the rest of this paragraph as a stanza:

*And when you open the door
For clients to be able to express themselves,
it comes out.
It does not matter
if people are Norwegian
or Mexicans
or Catalans.
These feelings emerge because
this is the divine part in ourselves.
The gratitude and satisfaction
about how we come to feel
[in an interpersonal meeting, therapy].
(Carme, 197)*

I share similar views to that of Carme, thinking that cultural differences are not so relevant and that our common humanity, or what Carme addresses as “the divine part in ourselves” is, instead, more important. Similarly, Effie conveyed views I also shared when she made a point of both of us working in a foreign country:

*It is a very good thing!
To be a foreign therapist...
And you know, since we both
share coming from the same place there...
...the fact of now working in a different culture
than where we were brought up,
I find that such a liberation!
Because then you see the culture really from the outside,
and you realize the culture can be a prison ...
And it is a privilege to be outside.
Not from ours, but from every culture!
To have the possibility in one's life
to be able to live outside
the country one has been brought up in,
I think this opens the mind...
For that I feel very privileged as well...
(Effie, 512)*

With parallels to what James and Kitty reflected about staying outside the client's religious traditions, Effie brings the perspective that being free from the conditioning of one's own cultural upbringing can be liberating. I wondered if that was the reason why several participants highlighted their joy of traveling, as Petra, Helen, Flor, Rene and Peter did. Flor and Jamie pointed to the importance of going beyond identification with the culture of origin: Flor saw herself as a “world citizen,” while, Jamie did not identify with any birth country “or tribe” as she put it. Several therapists seemed to convey going beyond the boundaries of their cultural identity, expressing a fluid, organic identification beyond their country's borders.

Symptoms have a meaning. Most therapists deal with diagnostic systems that require labeling complex human conditions and circumstances in ways that might appear reductionist and limiting, and through the conversations I became interested to understand some of the participants' ideas on diagnosis and views on psychopathology and healing. I also wondered whether the participants' views on spirituality influenced their approach to mental problems in general and diagnostic practices in particular. Throughout the interviews several therapists distanced themselves from monolithic and pathologizing diagnosis and were open to other interpretations of etiology and symptoms. When the dialogue enabled it, I asked the participant about these matters. Thom, a psychiatrist, shared his views on psychopathology:

[Pathology are] conditioned reactions to ... overwhelming situations [when] people are somehow stuck in repetitive reactions ... they also identify with It is often a matter of identification because they think "I'm a bad person." They may think negatively about themselves, so they identify with what they had experienced as a child [and they] feel ... like if they were a child trapped in a negative situation. So, I think that the so-called pathologies often are a repetitive pattern taking place. ...[S]ometimes the symptoms are like trying to find a way ... to stabilize the whole situation ... [Symptoms] have a meaning, there is a reason why they are there, why they emerge. So that is what I think about psychopathology. (Thom, 373)

And I think that it is possible to help people to get more present and focused on what they are today instead of identifying with the reactions they have had, or the thoughts they kept about themselves. Then something can shift because often clients are kept bound by such identifications. (Thom, 388)

Petra shared a similar idea: that of the need to go beyond the manifest symptoms and try to make meaning of these together with the client:

So, if it is anxiety or depression or so-called personality disorders, it could be due to many different reasons, and that is what we ought to find out in therapy. It will be interesting when we are forced to work with 'packages.'¹⁵ (Petra, 637)

Like other therapists, Thom held the view that it is possible to transform old reactions patterns. Most participants stressed the importance of clinical work in supporting clients to realize their potentials, highlighting humans' capacity for growth and transformation. Reflecting on the therapy with the woman who claimed demonic possession, Pablo said:

¹⁵ "packages" refers here to "pakkeforløp" a tailored mental health intervention including several instances and where the client has an active role following a plan and evaluating it throughout the process.

For me to meet this client, this woman, has been a present from God. As you can imagine it made me learn so much about human nature, and to be sincere, before I would approach these matters without believing much in them. I always had a more psychologizing position. Like, kind of, these are ‘mentally sick people’ [those who think they are possessed]. Nowadays, instead I approach these matters more carefully, and I do not see it any more as ‘mental illness’¹⁶, because the concept of ‘mental illness’ in itself does not resonate with me, and in these matters even less. And instead I see it as part of a process of overcoming a particular problem, and how from a religious frame, ... those who are deeply religious use this process in order to come out from the problem. (Pablo, 473).

Again, the above paragraph appears as a bricolage where Pablo addresses his own development from a priest who does not believe in demonic possession, to a person who acknowledges evil forces. Like Thom, Pablo acknowledges that what we traditionally have understood as pathology might be instead part of a healing process which may be a lifelong process. This was also conveyed by other therapists- like when Effie said: “let’s be honest, nobody is really cured!” or when Peter said: “not many patients are cured, but [this particular client]was.” Accepting that life is imperfect and that our struggles are part of it was something several clinicians expressed.

THERAPIST’S SELF-DISCLOSURE—OR NOT?

Though all clinicians emphasized the importance of acknowledging the client’s worldview, they conveyed differences and nuances when it came to how their personal worldviews and practices influenced their clinical work. Most therapists seemed comfortable about disclosing some of their ideas, practices and or things they had read (Helen, Line). If appropriate, some clinicians actively introduced spiritual matters during their encounters with their clients (Carme, Effie, Flor). A few others, like Kitty, were careful not to disclose their spiritual views not to jeopardize the psychotherapy process. Some participants told of clients who had missed talking about spiritual matters with former therapists. Petra shared this story:

Oftentimes clients seem to check whether they can name spiritual experiences with me ... [since] the other therapist they had was also open and said they could talk about such matters, but [the therapist] did not believe in such herself. So, to these patients I can say, yes you can talk about [it] here, and actually I share such an experience

¹⁶ Pablo uses *enfermedad mental* which is still used in Spanish, I translated as mental illness.

and interest myself. So, I convey that “it is completely ok that you speak about it here. (Petra, 263)

Petra works in Norway and had a secular upbringing, but also other therapists, either from secular or religious families, like Rene, Line, Celia and Carme, for instance also conveyed their acknowledging of the client’s views and experiences as well as disclosing their own personal views on the matter. A few therapists argued that whether they disclosed their spiritual beliefs to the client, their spiritual interests still ‘showed’ and could not be hidden. For instance, Carme said that as a therapist, she had to open the door to spiritual themes since some clients struggled to address these matters. Disclosing her spiritual views was a way of inviting the client to address similar concerns:

So, what has happened to me is that many times I start telling about my own intuitive sensations or situations ... I may also talk about dimensions of a person that are not only what we think, but what we believe in or our intuitions. So, when I open the door to the possibility to talk about intuitions, sensations or beliefs [beyond the material reality], then the person sees, understands that I am open to this possibility. (Carme, 26)

Carme justifies her self-disclosure because in this way clients...

...dare to explain things, always like taking care, with a certain reservation saying like, “Well, I do not know if you, doctor, believe in these things, but I do have some kind of experiences like...”– whatever that may be. Or, “I believe in....” something. Or... “I am religious.” (Carme, 34)

Carme explained that when she starts the conversation, clients often tell her about their beliefs, sensations, intuitions, or other experiences that otherwise could remain unspoken had she not addressed the matter. Carme explained this with a case I partially presented above when addressing hugs:

For instance, I remember ... a girl who I would not think had all this inner experiencing [vivencia], like trusting in something which she would not call God, or anything. But she would say she trusted in something beyond what we have in this material world. And she said that if it were not for this [force] she trusted, she would not have been able to go through many things she had undergone and managed herself through. (Carme, 461)

For Pablo, self-disclosure of his spiritual stance was not an issue: all his clients knew he was a psychologist and an ordained priest, and he felt this made things easier for him as a therapist, a priest and as a researcher. For instance when presenting his master’s thesis on the

possession case he just shared, Pablo's examiners thought that his being open as both priest and psychologist made him appear as "...more scientifically effective ...: Below he shares reflections on the benefits of his openness and of not attempting a neutral position:

Because often with the idea that one has to keep a distance, and that one's own stuff should not intervene and so on, precisely because of that we end up doing a work that is less scientific. It is much more honest and real to show: "This is how I am, and from this point of view I have tried to focus the work." So, one of the points they prized in my work was that I do not at all hide or reject neither my condition as a therapist nor that of a priest. And this allows me not to be ingenuous and to start from where I stand, which is my reality. And to communicate that the person who is in front of me also knows that I am a therapist and a priest. (Pablo 646)

Pablo brings attention to some of the issues of transparency and awareness about the researcher's own positioning that I focus on through this dissertation, which I explained in chapter V, (p. 119). For Pablo transparency was a resource, instead, Jamie feared her shamanic background being known.

Fear of disclosure. Jamie is the only participant who did not want her country or her family background to be named, since she feared being identified. I asked whether she would tell her clients at the state clinic where she works about shamanic practices, for instance that of contacting what is called a power animal. Jamie looked quite horrified:

In my [state] office practice? No, not at all. I can't use the word shaman in that context! It is too dangerous. Next day the authorities could ask you to leave your office! So, nobody knows about it. I only speak about these things within a closed group of therapists. I once named shamans to a very nice colleague of mine, saying, "You know, for example, the shamans think that..." and before I had finished, she looked horrified to me and said 'shamans? Oh no, no!' One has to be very careful. (Jamie, 742)

Besides Jamie, no participant conveyed being afraid of their spiritual interests being known though some said they had been when younger, but not anymore (Flor, Petra, Carme). Acceptance is a word that was often referred to by the participants both when it came to accepting diverse worldviews of their clients as well as accepting that not everything can be solved and made whole again. Yet faith and hope of attaining better life quality and more wholeness was strongly present in the therapists' attitudes. Several therapists told me about interventions directed at connecting with love and forgiveness towards others and oneself, feeling united with their surroundings and inspiring acceptance of something that does not even

belong to us, as Effie put it. When it came to views on psychopathology, the participants shared views that indicated trust in the client's capacity to develop his or her own potential. Likewise, the therapists' own spiritual stances seemed to give them courage and trust in being able to meet their clients' diverse spiritual needs.

TABLE 4 - SOME OF THE PARTICIPANTS' INTERVENTIONS

Existential (E) or Spiritual (S)	Integrative different	Therapist's Inspiration	Discloses Spirituality	Perceives energies
SoMe. Cards (Peter)	Guided imagination (Effie)	Tonglen, Phowa (Rene)	Yes, when appropriate (Rene, Line, Thom,)	Carme, Flor, Rene Petra,Peter,Jamie, Effie, Helen
	Body awareness (Jamie, Ella, Thom, Flor Rene, Petra,Line, Effie)	Inspired by Dreams/Meditation (Helen, Rene, Effie)	Never, abstains of sharing personal views (Kitty, Jamie)	
Shamanic inspired (Helen, Jamie, Petra)	Holotropic workshop (Helen, Rene)	Spirit Guides (Jamie, Petra, Effie)	Always (Flor, Helen, Carme,Pablo,Effie,Celia)	
God's guidance (Pablo)	Narrative + Systemic Therapy (Pablo, Carme, Kitty)	Soul Retrieval (Jamie, Helen)		

CHAPTER X: FINDINGS - INTEGRATING SPIRITUAL
EXPERIENCES

GIVING WORDS TO NONVERBAL EXPERIENCES

In this chapter I share how the therapists integrated knowledge gained through spiritually rich therapeutic interactions and other personal experiences into their personal and professional lives. One of the issues I wanted to know more about in this study was how spiritual moments impacted the therapist personally and in their professional practice. This was often addressed spontaneously during our conversation, if not I would ask the participants at the end of the interview.

During our conversations the therapists often put into words experiences that had not been verbalized before. Throughout their stories they also talked about moments in therapy filled with a spiritual quality, as I have tried to illustrate above. For instance, when asked to share a story with a spiritual content, Petra described the quality of some of those encounters as, *“a kind of magical feeling, or excitement in the room, isn’t it?”* Petra seemed to assume I knew what she was talking about and added: *“As if angels are going through the room.”* And then she provided an example:

Once there was a client of mine who said: “Did something very strange happen just now?” “Well,” I said, “I understand why you are asking because I also did experience something special taking place.” Yet we could not put words to what it was. It was a kind of atmosphere. And things like that do happen often, and it is very difficult to separate them from what is a therapeutic experience and just a kind of energy in a way. (Petra, 7)

Like Petra, some other participants addressed a tacit understanding between themselves and the client about what was taking place in sessions with a spiritual quality, and some referred to experiences that had a quality of benevolent presence, as described in the next section.

Perceiving a healing presence. Several participants talked about being witness to their clients’ healing, as well as of being profoundly touched by a therapy process that communicated hope and transformation, which sometimes included a healing energy that felt present in the therapy room. Some therapists reported bodily sensations accompanying these phenomena. For instance, Ella told she often could feel that *“healing [is] taking place and it communicates hope.”* (Ella, 776). Being a witness to Ella’s engagement, I told her there seemed to be an enormous healing potential in meeting someone so genuine and engaged as her. Ella answered:

Yes, I think so too, there is healing energy. And I could not work in any other way. ... I have to feel that the whole of me is present when I meet another person. It has to do with my own spirituality. Just taking in what is happening and experiencing at

different levels ... what the patient brings with him or with her. Because we can sense so much more than what is told with the words. Feel it in the body. Maybe someone will say it is spiritual that I feel in my belly when a patient is there, you can 'see' in your body how other person is feeling. Is it not so for you? (Ella, 796)

Ella's question seems more a kind of asserting. Like Petra, and Effie too, Ella assumes that I also have a similar experience when working with clients, which I confirmed is sometimes the case. Being fully present and allowing for a deep, inner connection with the client was something that characterized the work of all the participants. Like Ella, also Rene, Effie, Flor, Thom and Petra elaborated about this deep connection with the client. Petra also explained how she "registers" the client's story in her own body, an experience not unusual for many therapists:

I can feel [my] heart beating or something in my belly ... more like plain psychological transference, or empathy [when] someone tells me something sad and she does not look sad ... I can have a feeling of sadness myself. Or that someone tells something about their difficult childhood, and I can feel a heaviness in my stomach. (Petra, 199)

Helen, a Jungian therapist who integrates shamanic practices, told how she frequently experiences the presence of strong forces at work in her sessions, providing symbols or images she finds useful to approach severely traumatized clients. When Helen explained how she got powerful images of a client's early traumas, I spontaneously conveyed it sounded amazing:

Yes, it is amazing! I mean that makes you very humble because ..., I know that there are much stronger forces working, and the only thing that I am doing is, you know, turn a little handle somewhere that makes it possible ... to get in contact with it and allow those forces to work. [laughs] Because that whole thing, I mean, I did not make all those images, they came from someplace, I do not know where from, but from somewhere... (Helen, 607)

When Helen talks about the images she visualizes in clinical settings, she moves her fingers, as if fidgeting with an imaginary 'little handle' of a radio receiver, that transmits information from 'somewhere,' and enables her to understand how to intervene with her clients. Helen also receives information about new and useful approaches through dreams. She has treated clients who have also conveyed receiving a similar type of information from a higher source or realm during therapy sessions. At the beginning of the interview, when asked if she could remember any clinical case with a spiritual connotation, Helen recalled the following:

Yeah, the one that comes to my mind as you ask ... is [the case of] ... a woman who was pregnant, ... and then her husband got very sick, and she was pregnant and economically a lot of things happened to them at the same time, ...and she was going

to have this child, and was very worried, and then suddenly while we were talking about it, I think we had gone through what Jungians call 'active imagination.' ..., and suddenly, during that situation, some kind of a god stepped in, and just told her that everything was OK. (Helen, 9)

Likewise, Petra would convey being surprised by how both she and the client seemed to receive help during clinical encounters: *"I think that much of what happens in a therapy session is due to one getting some kind of help."* (Petra 40). Petra then went on to describe her inner struggle to sometimes trust a spiritual guidance through her intuition.

Getting help from spiritual guides. I was surprised to know that the therapists themselves experienced trust when they felt that *higher forces* were helping them to assist clients in particularly challenging life circumstances. Besides, some therapists also experienced a numinous presence in their personal lives. For instance, Peter and Rene spoke of feeling a strong presence when meditating or when visiting an old church. While Jamie would intentionally ask her spirit guides and consult them 'in private' to get help at work and in life.

Helen, Jamie, and Petra asked their Spirit guides for help to understand a client's needs. Jamie told that she consults her guides: *"As a clinical supervisor."* (Jamie, 437). I asked Jamie how she proceeded to get assistance from her guides, she shared a story:

This was a patient who had gone through a very, very serious trauma, and I met this person just after the trauma happened. I would try to work with this client in different ways, but I couldn't. I felt that I was not really effective, so I then asked my spirits, and they told me that this person was stuck with the mother. So, I tried to approach it from that perspective, and we understood together that the patient was so very sensitive of me being a woman, and when I understood that, then we could go further in our work, but from another perspective. Because I could use another technique, from a more bodily oriented approach, that happened to work better. (Jamie, 404)

Jamie then talked about another client:

And there was another time, ... when I struggled ... to help another patient, and I called for my spirit helpers and I understood there was something more ... but I did not know what. So, I did a journey, and I understood that there was a situation where the client had been hurt So, I can get more and more information, but from another perspective. (Jamie, 418)

I asked Jamie to clarify whether this client came to her for shamanic help:

No, and I did not give this client shamanic help either. The spirit guides just told me what I should say to this person. (Jamie, 432)

Petra also told that some of her clients seemed to be guided during sessions:

... sometimes people experience that there is something that guides them. And what happens afterwards depends on my own intuition. I just guide them to go deeper and deeper in, but it is not spiritual in a way, but it is in a way spiritual too. Because after all where is the spiritual? Does it have to be outside ourselves or can it be inside? I think that this may have to do with another life... (Petra, 97)

For Peter, who had often experienced presences of some kind, these were not to be understood as something spiritual.

[Paranormal experiences are] very interesting, but I do not count these stories as spiritual. I count them as paranormal, and I think there is some kind of a split between the spiritual and the paranormal. The spiritual is connected with something higher, and I do not think that 'this ghosts stuff' are something higher. In fact, they may be something lower. (Peter, 255)

Peter went on to talk about different situations in his life when he had experienced sounds and movements of things to which he thought could represent some kind of *poltergeist* phenomena, but not necessarily a spiritual phenomenon, as he explains above.

PERSONAL AND PROFESSIONAL GROWTH

During the conversations many therapists spontaneously addressed what their work gave them. I was positively impacted by the feelings and ideas they conveyed, since they not only identified psychotherapy work as meaningful, but also as joyful (Rene, Ella), fun (Helen), a source of happiness, gratitude and satisfaction (Effie, Flor), an opportunity to learn from clients he feels love for (Thom), a blessing, part of herself, a personal growth process (Effie), a gift (Thom) and even as a calling (Petra). For instance, Rene told about how he felt joy when working with a dying patient who was supported by his Buddhist perspectives through the death process (p.216). Likewise, Effie conveyed feeling blessed, privileged and thankful for a work where she can grow as a human being:

Being a clinician is a part of myself, it is a personal process as well. ... Often, I think how lucky I am – I guess you would say the same – to have a profession that [accompanies] ... my development, ... I feel very blessed. These two levels go together. If that is what you were asking?" (Effie, 494)

Like Ella does, Effie assumes that we share this common experience of fulfillment in our work, while Thom said he enjoys clinical work because he feels love for his clients who face so much personal suffering and have such a difficult emotional and material life:

I like [psychotherapy work] because I love them [clients]. I like to work with these people, because there is a humbleness and honesty in them. Often, they criticize themselves but sometimes they have a moment of acceptance, of self-acceptance. And then I really like to work with them. And of course, when something like that happens it is a kind of gift. Then this is really a gift to go to work and I feel really happy. That is the best thing to happen when working. (Thom, 174)

Though Thom's positive experience as a therapist is not limited to working with spiritual matters, like Effie, he also conveys gratitude and joy for being able to work as a therapist for half of his life, and said he learns a lot from his clients:

I mean it gives me an education in a way...It teaches me. I learn a lot, for myself, because seeing people go through this suffering without giving up and finding some space inside even if it's so difficult, it is really, it's really a gift. Because it touches me, and also it helps my development. And sometimes it helps me get in contact with my inner Freedom. (Thom, 189)

Earlier during our dialogue, Thom had talked about his engagement with Anarchism during his youth, and how freedom was still central in his life and in his understanding and experiencing of spirituality:

I see some inner freedom within my clients and it helps me also to connect with myself. And I had many special sessions with a spiritual charge, but I do not recall them now Sometimes it happens and this inner freedom helps me connect with myself. Because I mean the job is, especially working with Somatic Experiencing ... it is really about being present in the moment and to get in contact with your own freedom. And not be affected too much by your own stuff, so this means that you also work on yourself when you work with somebody. (Thom, 198)

So, it's really something happening inside, so this is also why I said that in the evening I feel better than in the morning, sometimes because after working like this, it really gives me something, some sense of being more connected to myself or more present or more free of some stuff. (Thom, 209)

Like Thom, other therapists also conveyed feeling joy and energy when seeing their clients transform and get better. Helen, who underwent childhood trauma, said she experienced therapy work with traumatized clients as a source of fun, great joy and healing:

... it gets fun when you can work with people who have really been so abused, and at the same time it is a great joy. It is so strange! (Helen, 1217)

It feels so right, and it is fantastic to see a person who was almost psychotic by the burden of all these things, and then take years, and suddenly “Hhwwaa!” It is over! It is fantastic [laughs]! (Helen, 1223)

When explaining how she guides clients to get in contact with the quality inside them and beyond their personal suffering and stories, Effie explained it implies becoming aware:

“ that here within me, beyond my body-mind there is this level of presence of awareness which is not to miss. Then you stop dealing with the story. And for me I try to bring it in every possible session, and when the client comes in contact with it, I then feel ecstatic. You know what I mean?” (Effie, 310)

One of my interests was also to grasp how the therapists understood and reflected on their work. In many ways, I was surprised: not only did the participants express satisfaction about their choice of profession and the work they did, but they also spoke of joy, fun, self-healing, and great happiness as a byproduct of their clinical work. When Helen described her soul retrieval work with clients, she said that this kind of intervention felt “very healing too” for herself as a therapist. In order to clarify if I had got her meaning right, I asked Helen whether she would say that it was healing for her too:

Yes, also that, because I like to do it, and I think that each time you do things like that, it helps yourself. I am sure, I mean especially, if I was using my own energy and I would be exhausted afterwards, it would be very bad. Because I think that when you do these energy interventions, you could be tired afterwards, of course, but not exhausted, you should not use your own energy, so I feel that when I do these [procedures] I get a lot of energy for myself as well. It just happens like that. (Helen, 398)

Here Helen described a kind of energy work where she does not take from her own energetic reservoir, and then she instead feels revitalized, like Thom did. Though applying different approaches, other therapists conveyed feeling energetic and happy after working with traumatized clients. Another aspect that Helen highlighted about her work was the possibility to be in contact with a transcendental, symbolic realm on a daily basis:

...for me it gives me the possibility to be in contact with that symbolic or spiritual world ... it gives me the possibility, at a personal level, to deal with this transcendental world, which I really like! (Helen,1092)

... I can be with people in this world and it really moves things, ... if I had another job, like in an office ..., then I would not have access to that world, then I could go home and maybe I could do my own meditations, but I feel very privileged that I can

actually be there, and that I can help people, because they really get help from this other world, and at the same time I am so fascinated by it, so I think it is very privileged to be able to be there. (Helen, 1103)

Like Effie, Helen also feels privileged to be a clinician. Helen also described the world beyond the material as a quite concrete place where it felt good to “be there” (Helen, 1103), a place from which to gather personal strength and guidance and from which to help other people. Other therapists also spoke of being in contact with a transcendental level as part of their everyday life (Jamie, Flor, Petra, Helen)

Enjoying being surprised by clients. During our conversation, Peter had referred to the fact that while sexuality nowadays is easily spoken about, spirituality remains a taboo. A point that also other scholars make, for instance Walach (2015). When it comes to addressing spiritual, existential, and transpersonal matters, therapists could feel shy or insecure (Pargament, 2007). When I tell him that I think we have to be able to talk about spiritual matters without fear, he shares an interesting and even candid story:

Yes, absolutely. And I like to be surprised by clients [or] when they express something philosophical, or just simply clever stuff ... [or] something [unexpected]. And about sexuality ... I may ask my pain-ridden patients: “Are you still functioning sexually with your partner?” And if the client is a Muslim woman with a veil ..., I have an inner discussion ... “Should I ask about this or not?” Yet I experience that it is much easier for Muslim women to speak about sex than for Danish [women]... Muslim women may ... tell all sorts of details and stuff and do not seem embarrassed! Then we just leave the topic and continue talking about other things. That is surprising, very surprising! (Peter, 596)

Peter sounds enthusiastic when talking about these surprises, while Thom told he continuously learned from his clients and, like other therapists he felt enriching to witness a client’s growth. On the other hand, Pablo explained how clinical work inspired his work as a priest, and his theological background served as a resource when meeting his clients.

Staying humble as a therapist. Different participants conveyed feeling humble when referring to their feelings within clinical work. While Thom felt moved and humble by assisting clients with very difficult lives, Flor recalled feeling humble when she shared the case of a client who died by suicide, and Kitty expressed that she felt humbler when reflecting on her work with families who had a negative idea about psychotherapy due to their religious views. Kitty pointed out that as therapists we may also think that our views are right and then forget to consider that our clients could have very different ideas of the work we do. Humility, along

with being able to tolerate uncertainty and accept not knowing, was pointed as an important quality by several participants.

Accompanying clients facing death and undergoing great suffering. Most participants shared stories about clients with whom they had undergone intensive work which was psychotherapeutically and emotionally demanding, yet satisfying. Peter, Flor and Rene, talked about clients who had died: Flor's client had died by suicide sometime after therapy, while Rene's client eventually died of terminal cancer, while Peter shared about a terminal patient who died after her pilgrimage which he supported her in accomplishing. Despite their clients' dramatic circumstances, the therapist conveyed a sense of completeness and satisfaction for having supported these clients in a meaningful way before their death.

THE IMPACT OF THE SPIRITUAL EXPERIENCES ON THE THERAPIST

In the introduction chapter, I wanted to understand how clinical encounters with a spiritual quality could have influenced the clinicians, and in our dialogues, several participants reflected on how powerful these clinical encounters with a spiritual component had impacted and inspired them. Sometimes those encounters seemed to add more depth to their spiritual understanding, as Ella's reflection illustrates:

Well I have had many ... encounters with contact with something we may call spiritual or it could be a bodily resonance. When maybe the client does or says something and you get an insight, and you know there is something that the client has not explained. And then you share your insight with the client, and this shows to be true, it gives meaning to the patient. When I was younger I had more of those intense phenomena. As years pass, it seems as if it is quieter now, as if I have become more grounded, I think. (Ella, 69)

As a younger clinician, Ella was often overwhelmed in her clinical encounters, but less so now, and she explained what kind of processes may take place at a nonverbal level between client and therapist:

And sometimes [when younger] I also took more information and I saw more and understood connections in a stronger way than when I talked to patients. I got more information than what they managed to talk about. And sometimes it seems as [if] I can understand what kind of level or dimension we are talking about or are moving about". (Ella, 91)

For Ella some communication between client and therapist happens also at an intuitive level:

I think that we have a kind of collective consciousness. That we can get connected to and download, in a way, information from this level. Maybe this lies in the body, in

the areas where we work. And since I work a lot with trauma, I think that maybe there is information lying there that has not been put into words yet, and that it is separated or dissociated in the client. And then maybe I take it in and then I can express it to the client in some way that she or he can take it in. It is like if I give something back to the client. (Ella, 100)

In the paragraph above, Ella discussed her work in a manner that aligns with Helen's description of soul retrieval, where she accessed a wordless level where there lies meaningful information for the client (p. 202). Or when Rene (p.185), Effie (p. 206) and Petra (p. 195) describe how they access information at an intuitive level. When I read this transcript, I imagined Ella as a pearl-fisher, diving into the collective, transpersonal sea of consciousness to gather a meaningful part of the client, a pearl that could make her or his life more whole and healed. When I write these words, it appears as if through different procedures, several therapists conveyed going into a deeper level in order to re-connect the client with their missing and healing parts. Ella also illustrated how client and therapist influence each other in a dynamic manner by explaining how a spiritually charged psychotherapy encounter affects her:

Well, it does something to me, and it does something to the patient, that again does something to me. Because experiencing the client's presence and the trust one can feel in the room when this happens...It is very powerful to experience that this is possible. (Ella, 124)

Later in our conversation Ella clarified how she feels during clinical encounters:

It feels very real, very genuine, not so double. I feel genuine when meeting my clients. Quite transparent, actually. (Ella, 788)

Helen also illustrated how spiritual qualities and contents of interactions with clients impacted her as a therapist by allowing her to be in a state beyond the ordinary:

If I could not be there in that transcendent state of mind, then I would have to be in this earthy level, and then it would be ok, but, I mean, I like to be in the other world. So, on a personal level, it gives me that possibility... (Helen, 1137)

From different perspectives, the participants shared experiences with a spiritual content that were emotionally moving, and which had impacted them personally and professionally.

PERSONAL EXPERIENCES INFLUENCING THERAPISTS' SPIRITUALITY

In this section I address circumstances that seemed to have influenced some of the participants' worldviews. These impacting experiences included confrontation with personal suffering due to illness, bereavement and childhood abuse. Other therapists told how they had

been sensitive children with extraordinary perceptions with a numinous quality. Some participants spontaneously shared about particularly difficult circumstances they had undergone, but I did not ask for details about those events. I tried to keep a balance between being an empathic listener while holding a researcher's attitude without invading. I wanted to be receptive to the participants' stories without inviting too much disclosure of personal circumstances. I was aware of being a researcher not a therapist, and of the importance of keeping the boundary between both roles. My purpose was to be receptive to the participants' narrative in order to generate knowledge about the subject matter together with the participant but without trespassing into a too private sphere, or leaving the participant exposed in an inappropriate manner.

Helen told me how starting psychotherapy to face personal suffering following her divorce, got her in touch with childhood sexual abuse. This re-encounter with her own trauma also opened up a spiritual path she is walking. Relating this story with a certain freshness, as if she had just discovered it, Helen said:

It is so interesting! I realized that my work into much of meditation and spirituality also started when I was myself going through personal challenges and facing a lot of suffering. (Helen, 946)

Effie told me that for more than twenty years she had worked closely with her husband, a gifted psychotherapist who had passed away ten years before our conversation. Effie did not try to hide the fact that coping with her husband's death had been a great challenge. But she continued working with the spiritual approach he had created. Inspired by her husband's work, Effie kept on addressing her own suffering and found new ways to for deep personal work with herself that inspired her into developing new approaches with her clients (see p.210).

I developed [this approach] through...when I went through [the loss of her husband] ... I developed [this way of working clinically] in my VERY dark moments of suffering, and it was this that brought Light back to me. And so, I can go very easily [into this way of working] because I know it from experience And that is what makes me say it is My Thing. [But] nothing is new. Everything has been said throughout the ages ... (Effie, 909)

Effie conveys humility when addressing her clinical intervention, without claiming authorship since, as she puts it, "nothing is really new". Ancient traditions have addressed spiritual matters and ways of working that she identifies with. Yet Effie also conveys an assertiveness when implementing her own method because she experienced that it brought light into her life when she faced deep suffering.

Not all therapists described having personal challenges, but a few named difficulties such as depression, being a solitary child, being a sensitive child, and two therapists talked of going through an operation and feeling particularly vulnerable, while they felt taken care of by a larger presence, which filled them with gratitude. Again, I did not ask for more information than what the participant conveyed. Thom told of personal struggle during military service followed by a numinous experience. Having gone through personal challenges due to childhood trauma, physical sickness, bereavement, or serious depression seemed also to have given the therapists hope and valuable perspectives when facing their client's suffering.

Direct knowing through transpersonal experience. Several therapists had experienced expanded consciousness phenomena, such as transpersonal experiences, sensing their own and others' energy, mystical or numinous experiences. For instance, Ella, when sick as a child, had experienced the healing power of Jesus. Rene, Peter and Petra, recalled transpersonal experiences in their childhood particularly where they felt a direct contact with nature. Peter, who was a lonely boy, told this story:

I had mystical experiences as a child in Nature. I was quite a lonely child and was often alone in Nature, and I remember those glimpses when time and space just changed and opened. I think I was quite small when I experienced ecstatic moments, and it was real. It was a reality. (Peter, 60)

Carme contemplated the idea of past life work as a source of knowledge, and shared:

In fact, I read a psychiatrist, Brian Weiss, who works with past life therapies. So, it is not only this life that may influence us as he shows after years of work...So maybe many years ago this kind of work could have been seen as strange, but now there are so many people relating and working with these kinds of matters, that I think we are in a new age/time where there is no more fear about approaching this, isn't it? (Carme, 310)

Helen and Petra had also addressed their own past life experiences. I found relevant Carme's reflection about how people seem to open up to spirituality these days, something supporting the importance of addressing spirituality in the training of therapists. Rene also relied on his own experiences when he accompanied a terminal patient by both sharing ideas of consciousness beyond death, and he explained:

[This] also has to do with other experiences I have had for many years. Because I have known things without being able to talk about it since childhood. I had an opening to spiritual dimensions. And all the reading I have been doing, all the meditation, and all the teachings I received has only - not to glorify myself, but

those later experiences and teachings - helped confirm and consolidate the knowledge I already had as a child. (Rene, 88)

Several participants gave relevance to having had a direct experience of Spirit. The therapists who conveyed having been sensitive children seemed to still have vivid memories of special, numinous moments in their childhood, which, as Rene explains, have given them a direct knowledge of a spiritual quality and a certainty of being able to address it.

Personal development through shamanic work. Helen, Petra and Jamie actively implemented shamanic practices as an important part of their personal and professional development, and in parallel with psychotherapy training. When asked how shamanic studies had affected her, Jamie, a psychologist, said:

Oh, it affected me very much: it influenced all of my life. My world has become much wider, because I am in connection with another dimension, always. [Now I] have a very deep, and close relationship with my spirit helpers so they are always there for me, they are here! My personality has changed a lot, my seeing, my perception, my way of thinking has changed a lot. It is like my personal therapy [but] is not mainly a cognitive process [but] a transformative process, where we are involved with our existence. [Shamanic work] has, of course a mental aspect too, but it has much more of an integrative and holistic aspect. It is not, like a self-therapy, a theoretical process. It is not only about the [intellectual] understanding. So, I can speak with [the guides], not only when I do a journey or a medicine work, or something else, but I just can speak or ask for guidance about anything. (Jamie, 330)

Jamie also stresses the relevance of direct experience with spirit forces. Common to the examples shared above is that the participants ascribed importance to direct experiences with what they understood as a spiritual quality. All participants conveyed that one cannot just approach spirituality through an intellectual stance, like only reading about it. Learning and knowing about spirit must come from a direct contact with it, they seemed to convey.

TABLE 5 - PERSONAL EXPERIENCES INFLUENCING THE THERAPISTS' SPIRITUAL VIEWS

In the table below there is a short overview of some of these experiences and the pseudonyms of the participant. This table provides the reader a quick, tentative overview of the therapists' experiences. It is by no means an exhaustive list. Each column should be read vertically, rather than horizontally. Also, the names in parentheses are not exclusive, since several participants had similar experiences.

Childhood Experiences	Painful personal Experiences	Transpersonal Experiences/ Spiritual Moments	Spiritual Practices
Deep contact with Nature (Petra, Peter)	Physical challenges	Senses energies (Carme; Helen, Rene, Petra)	Meditation (James, Flor)
Healed by Jesus (Ella)	Bereavement	Perceive(d) beings (Rene, Felt Jesus healed)	“my life is my practice” awareness and harmony (Flor, Ella, Carme, Thom)
Extra sensorial Perceptions (Peter, Petra, Rene, Helen)	Child sexual Abuse	Receives communications/ as if something talks through him/her (Rene, Helen, Petra)	Spiritual but non-confessional (Petra, Peter, Kitty, Rene)
	Psychological challenges	Works with spirit guides (Helen, Jamie)	Still active within childhood church (Carme, Pablo)
	Kundalini Awakening	Awe, Numinous (Thom)	Shamanic (Helen, Petra, Jamie)
	I chose NOT to identify a participant with a particular challenge)	Past Lives (Helen, Petra)	Pilgrimage (Peter, Rene, Flor)

The therapists’ own spiritual practices. Studies show that most spiritual paths share similar spiritual practices such as prayer, chanting, contemplation or meditation, and pilgrimage, among others (Sheldrake, 2017). Some therapists said they practiced meditation while others also said they received great inspiration when traveling and visiting distant countries or holy places. The word *pilgrimage* appears appropriate to describe what these clinicians seemed to search for, the kind of experiences they had meditating in churches or sanctuaries (Peter, Rene), within the vastness of Nature (Petra) or just by talking to people in distant places (Petra, Flor). Some participants had particular experiences during those journeys, like Rene whose travels to holy places inspired him:

When I travel, I like to visit holy places. Recently for instance, I was in Greece, in Patmos and visited the Monastery of St. John and the cave of the Apocalypse, and I could then sense another kind of spirituality there, another type of vibration. For me this type of spirituality has to do with divinity, or some sanctity. It is more like a personal thing or a personally transmitted thing. (Rene, 24)

Travels were also an important part of Petra’s and Flor’s life who had visited Israel, Cambodia, Island, Antartica, to name a few places. They often travelled alone, allowing themselves to get in contact with people and places. To be open to new experiences and allow for direct contact with people and nature seemed to be a spiritual experience for several

clinicians. The reader understands that the context, of these senior, Western European psychotherapists enabled them to pursue such journeys. Economic status was, however, not the focus of our conversations.

Meditation and contemplative practices. Most therapists had some kind of contemplative practice or mindfulness meditation (Effie, Rene, Helen, James, Carme, Flor, Peter, Line) or some kind of consciousness practice, that implied being aware in their everyday life (Carme, Thom, Ella). Integrating practice with everyday life, ‘living as one teaches’ was something addressed by several participants who stressed the importance of bringing harmony not only to other people’s lives but likewise caring for their own quality of life, being more conscious while performing daily chores. This was seen as a part of their practice of honoring life in a spiritual manner. Ella, now in her mid-sixties, said:

My practice is trying to be present in my own life. In the last years, I have become more conscious of living as I teach, taking care of my own life. I have used many years to work a lot, sometimes more than hundred percent. Sometimes I have not taken care of my own surroundings, like putting order at home or making well prepared food. And I would be tired when I came home to my children. But I do not want that unbalanced situation anymore. Because one can also feel drawn to working with so exciting and strong processes, feeling so strong love for other people, that I can almost get everything from my work. But I need to have a balance and I want this in my private life. And this is an insight I did not have when I was younger. So, I like my job, but I want all the good I give to my clients in my personal life too. (Ella, 846)

Ella rose an important question here, the risk for the clinician to be drawn to put all his or her energy in helping others and not paying attention to own needs for care and harmony. Flor, who has for long also been working with severe trauma, conveys becoming more caring of herself, eating and living more consciously:

So, I try to be aware of whatever contributes to me being a little more sensitive, more conscious. I also have changed my way of eating. I am now vegan, because I have understood that the body is the soul’s place, and it is a temple so you would not put garbage or things that degrade the interior, so I practically eat only ecological food, and I try to work with myself, because just one year ago I was kind of addicted to food and I had 28 kg more than now. (Flor, 566)

So, it is all a process of internal transformation in order to be in coherence with what I see as making life harmonious, in general terms. It is not about one aspect of your

life to be harmonious, but that all areas of your life being taken into account and harmonized. (Flor, 575)

Both Flor and Carmen named eating consciously as part of bringing more awareness to life in general. Helen's, Petra's and Jamie's way of bringing a spiritual awareness in their lives was inspired by shamanic traditions. I asked Helen how she connects with a Spirit, she told:

Oh [I make contact with Spirit] in so many ways, like by meditation. Sometimes I make drawings of what is going on or a drawing of my dream and in a special way I keep making drawings of it. And then it develops and suddenly I can see a pattern from there, and then, I meditate on it, or do holotropic breathwork where you actually go from one stage of consciousness into another stage of consciousness, and where you can suddenly experience these things. But for me it is very easy, because I can just close my eyes and then very often I am already there. (Helen, 1049)

I was surprised by Helen's answer, and while coming to my senses in an attempt to keep the flow of our conversation, I asked her if she had been doing these exercises for a long time:

Yeah! And sometimes I also..., if I have a problem and I circle around it and can't solve it, then I play my shamanic drums, and then I travel into the problem, and I see all the aspects of it, and very often it gets solved or I may not solve the problem, but I find out how to deal with it! (Helen, 1060)

Besides these practices, reading and reflecting upon inspiring literature was also named as a source of spiritual nourishment.

The call to become a therapist. Some therapists elaborated on how choosing to become a therapist seemed to be the result of a deep calling. Helen explained how the idea to become a therapist appeared in her dreams while undergoing Jungian analysis:

I had started analysis because I had problems, and then the calling somehow came by dreams, that then I did not know what the calling was, but I knew that something was calling me to do this. (Helen 1221)

Also other therapists pointed out that their choice of profession was the result of a deep motivation. For Petra "it was meant to be," while for Effie it was an integral part of her existence. Other therapists conveyed their work was also a way of being of service deep rooted in Christian values that had influenced them when children and young (Flor, Ella, Line, Kitty, Thom) as well as in a political awareness and a wish to contribute to a better society (Thom, Helen).

The Therapists' own Path: 'So in Life as in Therapy?' All but three of the therapists interviewed were trained when clinical education excluded references to spirituality from

reading lists and from relevant approaches in psychotherapy. The generated findings suggest therefore that the participants challenged the received views on clinical practice and expanded these when appropriate. Examples of an expansion of received views could be the fact that some participants chose to disclose their own spiritual standpoints in contrast to standard ideas of neutrality and abstinence ruling much of psychotherapy work. (Carme, Rene, Effie, Flor)

I felt tempted to call this section, “So in Life as in Therapy Work”, since most participants indicated they had for a long time been following their own path. Some therapists (Helen, Thom, Ella, Flor, Kitty) told how they had been rebellious when young, while others felt comfortable as senior clinicians by going *against the stream*, and of having few or no colleagues to share their spiritual views with (Jamie, Petra, Thom, James, Carme, Celia, Line).

Jamie indicated that her shamanic inspired interventions went beyond any religious worldview, and she did not want to be identified by her family’s religious background. Jamie explained her shamanic worldview in this way:

*It is not a method, but it is a way of life, and when we are open, it takes place.
And, another aspect is that even if I absolutely respect when someone has a religion, the kind of spiritual work I am talking about, is beyond religion.
(Jamie, 797)*

A lonely path: Lacking professional networks on spirituality. Reflecting on a wider perspective, I had wondered whether the therapists had discussed their spiritual interests in a professional forum. I had the impression that spirituality is kept quite private, so I wondered if the participants had a professional milieu where they could address spiritual concerns with other colleagues. If this was not the case, I wanted to know if therapists missed contact with other professionals interested in integrating spirituality in clinical practices. Though well accomplished when it came to their therapeutic qualifications, few of the participants reported having other colleagues with whom they could share spiritual interests. Flor and Celia worked within a spiritually framed clinic; others worked on their own. Some had no colleagues to discuss spirituality apart from the context of supervision or group work within spiritually sensitive training like Somatic Experiencing or Holotropic workshop. Two psychologists (James, Ella) explained they often felt more comfortable talking to counselors or therapists who were open to spirituality and *not* to colleague psychologists who for them appeared too intellectually bound. Those who lacked a professional milieu in which to address and share spiritual interests, seemed to accept this as part of the path they had to traverse on their own. When I asked Carme if she shares her spiritual interests and views with other colleagues, she answered:

Not much, very few. I do share more with a spiritual group in which I participate, where there are several professionals[but not psychologists], and I explain to them the approaches I have to therapy. But I do not share these thoughts with many other psychologists, not with many. And for instance, ‘Sol’ [note: a pseudonym of the person who put me in contact with Carme], she remembered me even if I have not seen her for many years. And I have not shared much about the way I work with her, but she did understand that I am a person with a certain spiritual stance or beliefs, so she thought I could be someone you could talk to. And I was surprised she suggested you interview me, because I have not talked about the use of spirituality in therapy [with Sol]. (Carme, 424)

There are interesting moments in Carme’s answer. First, she is alone in her path of bridging spirituality and psychotherapy. Even if she shares her spiritual interests with spiritual friends, few spiritual conversations are with other therapists. Secondly, she is surprised that ‘Sol,’ a secular psychiatrist who declined participating, yet facilitated our contact, would understand that Carme has a spiritual perspective in her work even if they never discussed it together. My own response to Carme was to remember that once another colleague told me that a therapist cannot hide his or her spirituality, since “it pours down from the outside of the person.” Carme seemed comfortable with being alone in her path, following what she felt right:

One has to evolve towards where one thinks one has to go. (Carme, 359)

Addressing that some clinicians refrain from participating in a paradigm change acknowledging spirituality, Carme did not worry about being alone on this path, and believed we ought to accept that:

Different people may have different evolutionary moments, and there will always be people who are more resistant or who have difficulties in accepting this consciousness change. Well, but for me it is the same, some years ago I could be more concerned, but now I do not care. I feel more like you. It is the same as what others think. What could happen? (Carme, 333)

Growing older seemed to make clinicians more confident to approach spiritual matters and less afraid of possible sanctions, as Carme pointed out:

A moment arrives when, maybe because of aging too, one is less afraid. One cannot be [afraid] the whole life like...the same that we have said in Catalonia, a moment arrives when one says: “it’s enough!” I pull forwards and I am convinced, I see it clearly, and let it be whatever God wants! If not, we do not go forward! (Carme, 352)

Carme continued:

One has to evolve towards where one thinks one has to go, knowing, that even if many people still do not think like this, it is because they still cannot see it clearly, or due to ignorance or whichever the reason. But knowing that, it does not matter, everything is all right. This is the summary: Everything is all right, whatever happens is ok! So, if one has clarity and a confidence about a certain path, one has to follow it, and that's it! Let the others follow the path they find right for themselves. (Carme, 358)

Carme in Catalonia, James in England and Ella in Norway had few psychologist colleagues who shared a spiritually oriented and personal way of working. Ella told:

Yes, it feels like a true/genuine way of working, and I understand that sometimes I am more involved in my work as a clinician than 99% of the [Norwegian] psychologists I know. (Ella, 780)

Pablo went into detail saying he would rather have “active atheists,” as he put it, to talk with, than the emptiness and lack of engagement he feels in Spanish society when it comes to spiritual and religious matters. Pablo explained that beyond cultural celebrations such as Easter or Christmas and other popular Spanish *fiestas*, most Spaniards, and particularly psychologists, are not much concerned about a spiritual dimension in life. Pablo’s spiritual reference was therefore within his church, not among other psychologists:

My fellow students from the public state university, find very strange anything that can remind them of psychology of religion, and they know nothing about it, have no education in it either: neither for good or for bad. The problem here in Spain for psychotherapists is that spiritual and religious matters are not taken into consideration nor addressed. It is not so that they say it is ‘the opium of the people’ and that stuff. No, it is just not addressed at all, as something that does not exist. (Pablo, 837)

Likewise, James, in the UK also described being estranged from his psychologist colleagues and prefers to discuss spirituality and consciousness studies with counseling therapists instead. Jamie, as both a clinician and a psychologist, was very reserved when it came to share her shamanic beliefs and practices with other colleagues. Carme, Ella, James, Helen, Rene, Kitty, Celia, and Effie said they were engaged in spiritually oriented activities in groups that were not part of a psychologist circle. Jamie, Petra and Helen were active in groups with other shamans from Europe or elsewhere.

SPIRITUALITY AND PSYCHOTHERAPY: BLURRY BOUNDARIES

When it came to keeping boundaries between spirituality and clinical work, most participants seemed quite relaxed. Several clinicians were assertive when stressing that psychotherapy work should include a spiritual approach. For Carme, therapists should introduce spiritual themes that traditionally are seen as only religious concerns:

Well, of course, if [clients] were meeting with a priest they would probably talk about some of these subjects, but the good thing is to be able to understand that from psychotherapy's point of view, we also have to attend to [the person] in an integral manner, the body, the mind and the spirit. (Carme, 93)

Some participants tried to inspire clients into relating to a spiritual dimension in their lives, though not in a missionary way. Spiritually oriented therapists could be seen as working on the boundaries between psychotherapy and what appears as an opening towards a spiritual dimension. I asked Carme: "Where does psychotherapy end and spiritual motivation start?". She answered emphatically:

But there are no such borders or limits! Those borders are made up by Psychology and Science from a positivistic view... I do not think that these boundaries exist ... because we have gone forward, and because it has been necessary to go through this duality to arrive at unity. But honestly, I do not believe that those borders exist. For me, Psychology also has to attend to spiritual matters and address these things. (Carme, 299)

Similarly, Pablo did not identify borders between spirituality and psychotherapy, and for him being of service to others was an integral part of both his work as a psychologist and a priest. Pablo said that for him being a psychologist "and being a priest are things quite related. From my Christian and Catholic perspective, service was always at the 'verge of my skin' [a flor de piel]. (Pablo, 38)

Pablo explained further:

So, for me, both psychology and my priest education have always been interrelated, very close to each other, and the one is useful for the other. Because, evidently, as a priest one needs to put in practice many psychological tools. And I also think that a good psychologist, ought to be aware of spiritual matters and have this very present in order to be able to help people in a more holistic way. If not, according to my understanding, the psychological assistance would remain a little insufficient. For me, both psychology and priest work are very present in my life. (Pablo, 45)

Likewise, Kitty conveyed that psychotherapy should address spiritual matters as other relevant aspects of life, like politics, education or sexual orientation:

For me as a family therapist, and as an EMDR therapist, it is not a shock or a difference to include God, it is just one of the things you do. Because you ask the person “What gives you strength or inspires you?” And that has to include Politics, and it has to include Economics. It has to include physical strength and it has to include the belief system of the person as well. All of those aspects have to be there. What color are you, and which cultural background, or other identification or belonging? What politics do you have? What are the differences between you and others? And it has to include religion or spiritual beliefs. It has to! And as therapists we have left that much out of our conversations because of the secular context in which we live, and there is a certain bewilderment about it, so people often do not think about it. But to ask about religion should not be different than asking about your politics, or your education or your orientation. (Kitty, 520)

Like Pablo and Carme, Kitty stresses that we live and work in a secular context that has artificially separated spirituality and psychotherapy. Petra shared a similar thought:

There is no line dividing psychotherapy and spirituality! Because as a therapist I think you ought to take in the whole of the person, everything: body, feelings, cognition, spirituality and whatever there is. One has to be able to contain all of it. (Petra, 377)

Pablo addressed the blurry borders between disciplines in a bricolage aligned way:

The more I study, the more I get into these matters, I realize that everything is related: psychology, anthropology, theology. Everything is related! And what we do with our sciences even if Theology is actually a pseudo-science, but it, after all, it is a rational approach to a religious corpus that we have in the Roman Catholic Church. All these approaches, what they all try, is to unveil some of the Truth, Truth with capital letters. And Truth depends on each of us, and each one has only access to his or her own TRUTH. But I, as a believer, I do believe in the existence of one TRUTH. And what these different sciences allow is to get close to the Truth from different perspectives. (Pablo, 556)

Pablo explained further:

Before, I was very psychologizing ... and reductionist, but now instead my vision is broader. (Pablo, 567)

Like Ella, Carme and other therapists, Thom thinks that in the last twenty years there have been signs of a paradigm shift towards an integration of spirituality and science in general, and within psychotherapy:

And I think that what has happened in the last 20 years ... [is that spirituality is] much more accepted. I mean like in Zurich, there was a professor of the biggest University psychiatric hospital, Daniel Hell (2010), now emeritus, ... [who has lately written] books on spirituality. So, if a professor who was the head of a psychiatry department is taking up spirituality in a serious manner, then you can really say something has changed because ... 30 years ago when I was more explicitly interested in spirituality...I'm still interested now, but not so much explicitly. But at that time if you talked about this you were seen as crazy and now this has really shifted. (Thom, 405)

Thom conveyed hope when contemplating a process where different individuals and organizations try to help other people as well as nature. He sees this as an expression of non-confessional spirituality, even if those involved would not identify themselves as spiritual:

But I believe in what Jesus said: "The Holy spirit goes where ever it wants." And there are so many movements. Like Green Peace, or Doctors Without Borders. If you asked them, they wouldn't say they are spiritual, yet they are part of a spiritual wave. (Thom, 530)

With a similar view to that of Thom, Celia told a moving story of young people in the UK who approach animals in slaughterhouses in order to give them water and send them love, in a peaceful and compassionate manner. This phenomenon is also starting in Norway (and beef producing Argentina), as a form of social activism though not under any spiritual denomination.

The spiritual as political. In the same way that the boundaries between the spiritual and the psychotherapeutic were seen as overlapping and even addressing the same territory. For Carme, her spiritual stance supported her advocating for free mental health services, for Pablo his commitment to help those in disadvantage due to economic hardships. Some therapists suggested therefore an integration of spiritual and political views, promoting change in society. Thom and Helen were also examples of this, since they had both been active politically and did not see an opposition between a political stance and a spiritual one, on the contrary. Helen and I got into a conversation about the overlapping of what is considered spiritual, political and personal and shared thoughts about the artificiality of such divisions since all aspects form part of everybody's life at the same time. Helen, who had been politically active in her youth said:

It would be great if spirituality could get into politics. It would be absolutely different than religion going into politics! But the problem is that a lot of people want to be

spiritual and they are not, which means they are faking a lot of things, and that is worse, but that is a totally different problem! (Helen, 1160)

Besides her original view of integrating a spiritual perspective into politics, Helen also conveyed a concern of ‘fake spiritual’ people, like Celia, Peter and Thom also did. Pablo also argued for integrating different perspectives and disciplines in a truly bricolage manner:

I think that maybe as professionals, we have centered too much on only one perspective and we have looked down on other points of view. Like saying: “What could be the contribution of anthropology or theology to my work? Or would a shamanistic perspective contribute to a better understanding?” But of course, all these views do contribute and enrich our work. And they help us understand that there are human structures that go beyond what is merely psychological understanding. So, all these new perspectives have been a huge discovery for me. (Pablo, 614)

Pablo’s understanding appears in keeping with a postmodern paradigm enabling the integration of different disciplines, and his views convey ideas and approaches shared by most of the participants who also expressed thoughts aligned with a non-materialistic paradigm, which I will address later in this chapter.

IDEAS ABOUT INCLUDING SPIRITUALITY IN PSYCHOTHERAPY

All therapists thought it was important to include a spiritual perspective within psychotherapy training, yet they had few concrete suggestions on how spiritual matters should be addressed. When discussing these ideas, Peter reflected:

I have thought a lot about ... teaching other people to approach existential or spiritual matters. I think it is more about the techniques of bringing something to the table without pushing an issue like: “Now we should talk about sex!” or “Now we should talk about existential or religious matters.” But instead it is about bringing possibilities, and you can do it in a very technical way But the SoMe¹⁷ cards method is just a good way to suggest things to be taken up in conversation and ... the patient may experience [what its like] to have an existential conversation with someone for the first time. And clients can even read what is written there, on the back of the card, so they get the feeling of it.[...]I get the feeling that if other therapists would have a manual of basic interviewing, and they start reading it, and start to

¹⁷ SoMe Cards: (LaCour & Schnell, 2016)

understand and see what happens in the interaction with their clients, then that could be useful when talking about[...] existential issues. (Peter, 614)

Here Peter suggests that though we can learn how to address spiritual matters through written material, the meaning making and follow up of those conversations would rely on the clinicians' understanding and approaches. Peter's perspectives align with social constructionist views when he talks about bringing possibilities for a dialogue on existential or spiritual matters, suggesting themes not in a technical way but as a collaborative exploration on the subject matter. For Thom spiritual themes should be addressed within psychotherapy education, yet he suggested being cautious towards some so called 'spiritual' teachers:

I think it's good [to address spiritual matters] because ... many persons, and many clients are talking about spirituality and being open to it. But I have also seen many narcissistic personalities talking about spirituality and it can be a big avoidance pattern, trying to make yourself [seem] bigger. So, I'm a little bit critical about this, yet there should be an openness [towards spiritual matters within psychotherapy]. (Thom, 396)

When talking about how spiritual matters could be included in training of therapists, Peter stressed the importance of addressing spiritual matters in an authentic way, grounded in real life situations. Among other stories, Peter had talked about how he supported religious clients in order to get support within their faith. Peter reflected:

... somehow if [addressing the spiritual] is not [done in an] authentic way, or it is not real life, [it is not worth it]. [Yet], existential things are not easy to measure... (Peter, 546)

Peter talked about 'authenticity' and 'real life' like if addressing a genuine quality within a spiritual approach, not something that can be learned. Peter and I agreed that one cannot just have a manual on working with these types of issues saying, 'Send Muslim clients to Mecca' or 'Give a hug' or 'Recommend a spiritual book'. A genuine acknowledgement and integration of spirituality, and a recognition of its relevance, appeared as central when approaching such themes, together with good therapeutic skills. As I understand it, Peter also talked about something that has to do with the creative power in the encounter between therapist and client. Peter also highlighted that having studied different religions and spiritual matters he had greater confidence when approaching clients with diverse worldviews. Like other participants, Peter transmitted a deep wish to help suffering clients which seemed to come 'from the heart.' During our conversation, Peter said he wants his clients to accomplish something spiritually meaningful to them, like going to a holy place, or getting support in other important and healing ways. It

appeared to me that this attitude ought to come from a different place than an intellectual understanding of his clients' needs or his extensive knowledge about diverse religious traditions. And given Peter's engagement, I imagine that place is infused with healing power, something I conveyed:

Well, maybe you can learn [to approach spiritual matters], I don't really know...But it is not part of our therapeutic education normally, it is not. But I have thought about whether you can teach these skills to psychologists or psychotherapists. It seems like some [therapists] have lots of these sensitivity and skills and do not have to learn a special technique, and some others do not have anything of it [laughs!]. (Peter, 570)

I told Peter that I agreed with his views and referred that other participants had expressed they could not speak freely about spirituality with some colleagues since not everybody appeared to register or even be interested in spiritual matters. Personally, I sometimes think and feel we may after all be living in parallel universes. Instead, when talking to Peter, I deeply related to what he was talking about, intellectually and in a nonverbal way. I also felt emotionally moved, and shared with Peter my hope that by studying and writing about these matters, sharing our reflections as senior therapists, we could help other therapists to find ways to address their own and their clients' spirituality within clinical settings.

SIGNS OF A PARADIGM SHIFT

Either overtly or indirectly, several participants described being aware of transiting a new time within a paradigm where there is more openness towards spiritual matters which enabled the clinicians to attend to the spiritual needs of clients with a feeling of confidence about their competencies. This was illustrated by Rene when he supported his dying client, when Jamie suggested rituals and Carme conveyed total trust in being part of an evolutionary process or when Kitty invited God to sit at the family session. Likewise, when Helen and Ella retrieved their clients' soul parts. As I have illustrated in several places in this chapter,¹⁸ in their journey, the participants showed openness to what could not be explained, allowing themselves to stay in uncertainty and tension without trying to solve it. Effie addressed the importance of welcoming mystery and of including it as part of our life. She shared the idea that we go through a paradigm shift beyond material explanations, also in Physics, since we currently witness,

¹⁸ For an addressing of unresolved tensions see for instance here in pages 49, 114, 209, 268, 277.

...this coming all together ... to similar explanations [within Physics]. [As if] ... in our days everything adds to promote that kind of unifying thought, where there is place for mystery too. And I find it so special, really! (Effie, 698)

Effie's words condense much of the spirit of this chapter, where the views and experiences of all participants, with their different flavors and contexts appear much as a 'unified thought,' a common view and attitude towards spiritual matters, expressed through different voices.

How did the therapists experience the interview situation? Addressing spiritual matters among psychotherapists is not usual, so before starting the interviews, I had wondered whether the participant therapists and I could open up into this intimate dimension that is often kept private. The findings talk for themselves illustrating the participants' genuinely sharing of their thoughts. Each time I was positively surprised by how fluid and personal the interviews became, even if the participants were discussing their reflections on the subject matter with a colleague, often a stranger and even an 'invisible' one too. Upon concluding our conversation, I asked how the whole interview process was experienced by the therapist. Helen responded:

Ohhh, it's nice [to tell stories about spiritual dimensions of clinical work] Isn't it? It's cozy! (Helen, 116)

Helen further explained that she enjoyed sharing these experiences with me, something I particularly valued. We had met many times at meditation workshops but had never discussed these matters. In her feedback, Helen addressed the "interView" dimension (Kvale, 1996), the exchange of views in a committed dialogue:

It is so nice to talk about it, because I do not talk so much about it with other people, so even though with my colleagues I talk about some of these things, to tell a story is really nice, [and] to tell it to you! (Helen, 1179)

Likewise, Thom expressed satisfaction with our talk. I had met him for the first time the day before and interviewed him after his two intense days of teaching. Yet, Thom sounded refreshed and thankful, and when I thanked for sharing his time in the interview, he said:

No, no, this was really very nourishing to talk about, it is always good to express our thoughts and reflect upon these things. I do not do it so often. It was great to do this interview. (Thom, 709)

All fifteen participants seemed comfortable throughout our conversation. Some conveyed gratitude for having the opportunity to go more deeply and reflect upon these matters. Only one therapist would have liked to have the questions before hand, but all others seemed comfortable to reflect in the moment on the themes we addressed together.

An array of intervention forms. Besides acknowledging the relevance of addressing spiritual matters in clinical settings, the therapists also conveyed a sense of presence along with knowledge integrated through years of personal spiritual practice and professional training. They referred to an array of spiritual practices that had helped them connect with a spiritual dimension in their lives and stressed that approaching spirituality is not about techniques but attitudes. With the exception of Pablo, who followed the Roman Catholic ordeals of a consecrated priest, the other therapists integrated different traditions and practices into a fluid spiritual expression (Bidwell, 2018). These practices included prayer, contact with Nature, conscious living and eating, meditation, drawing, writing and working with their dreams, holotropic breathwork (Grof, 2000), and shamanic practices, among others.

For the participants, integrating spiritual themes within psychotherapy seemed natural. Many participants spoke engagingly about the relevance of including spirituality matters within psychotherapy training, however they stressed the importance of personal experience, not just intellectual knowledge.

***SECTION V: DISCUSSION OF THE GENERATED
FINDINGS***

In the previous three chapters I presented findings generated through the interviews with the fifteen participants which I here discuss in three conjoined chapters. I do so by referring to relevant scholarly work illuminating perspectives addressed in the research question:

How do Psychotherapists Understand, Navigate, Experience and Integrate Spirituality in their Professional Encounters with clients?

In chapter XI, I discuss the participants' *understanding* of spirituality. In chapter XII, I discuss the implementation of spiritually sensitive practices in clinical encounters, which I address as *navigating*. In chapter XIII, I then discuss the therapists' own reflections about the way in which they *experienced* and *integrated* a spiritual dimension in their lives and how this influenced their clinical expertise. At the end of chapter XIII, I reflect upon issues of power, focusing on critical aspects related to how spiritual concerns are part of-or excluded-from psychotherapy dialogues as well as from structural aspects within mental health care. Finally, I add a reflection on the limitations of this study and complete the section with an autoethnographic note on how the process of writing this dissertation has influenced me.

In chapter V, I introduced the idea of *bricolage*, (Rogers, 2012) and discussed its relevance from a methodological point of view. In keeping with postmodern perspectives, bricolage enables to integrate different perspectives, to introduce methods and questions as well as references not planned in advance (Rogers, 2012; Denzin & Lincoln, 1999; Merriam & Tisdell, 2016). The idea of bricolage also became a useful metaphor to approach the participants' narratives since these addressed different themes, sources, disciplines and personal experiences integrated in a heuristic and organic manner. In turn, the clinicians' multivocal views inspired a myriad of spiritually sensitive interventions. In the three discussion chapters I refer to some of the literature I already discussed previously, as well as to other scholarly work which appeared relevant to address the generated findings. I do so by approaching the discussed material in the "critical, multi-perspectival, multi-theoretical and multi-methodological" perspective that characterizes a bricolage approach (Rogers, 2012, p. 1).

CHAPTER XI: DISCUSSION - UNDERSTANDING SPIRITUALITY

SPIRITUALITY DIFFICULT TO DEFINE

*The Tao that can be described
is not the enduring and unchangeable Tao
The name that can be named
is not the enduring and unchangeable Name.
(Laozi, Tao Te Ching, 2016, p.3)*

Attempting to convey in words such a deep personal experience and a complex understanding as spirituality is, will always render incomplete. To paraphrase the quote above from the *Tao Te Ching* (Laozi, 2016) we could say that “a spirituality that can ‘be pinned down’ and explained may not convey the essence of spirituality.” As I addressed in chapter II, spirituality is itself a difficult concept to define (Fontana, 2003; Pargament, 2007;1999; Robinson, 2018); however, with great presence and spontaneity, all participants articulated their understanding of spirituality and the qualities they attached to a spiritual dimension. In my opinion, the participants conveyed similar ideas despite different personal and professional backgrounds.

All the participants were born, lived and worked in Europe and had grown up in countries that until the sixties and seventies could be considered quite different in their political systems and religious traditions. Besides, most participants had been educated in countries where state or official religions had then a strong impact in their societies. Like Christian Lutheran Danish or Norwegian state churches, Roman Catholic church then official in Spain, and the Church of England in the U.K. Those national characteristics have been affected by the secularization process taking place in Western European societies during the last forty years (Stifoss-Hanssen, 2014). As I have addressed in chapter III, the impact of organized religions in Western Europe is considerably less prominent today than under the upbringing of the participants in their respective countries. However, nowadays in Western societies many acknowledge a spiritual dimension in life without attaching to any religious denomination and a growing number of people call themselves *spiritual but not religious* or just “SBNR” (Drescher, 2016; Pargament, 1999; Sheldrake, 2017; Robinson, 2018; Torralba, 2016; Wilber, 2007). Most participants seemed to belong to this last category.

The changes in the role of organized religion in the participants’ countries of origin, and in the Western world in general seemed to be reflected in the development of the therapists’ own worldviews towards a non-religious spirituality, open to impulses from different traditions

and sources. This is in keeping with scholarly work suggesting that psychotherapists tend to be less attached to organized religions, and instead hold more open and integrative spiritual perspectives (Hofman & Walach, 2011; Orlinsky, 2000; Smith & Orlinsky, 2004). Whether the participants had grown up in religious or in secular families, most of them held “fluid spiritualities” where different spiritual sources and practices were integrated, a spiritual position which is increasingly frequent and accepted in Western societies, particularly among younger generations (Bidwell, 2018; Drescher, 2016).

Spirituality as a construct: postmodern and social constructionist perspectives. As I addressed in chapter V, postmodern and social constructionist views are strongly influenced by the work of Ludwig Wittgenstein, particularly his later opus, *Philosophical Investigations* (1953a). He focuses on language being constructed by lifeless signs that have no meaning on their own until they are used and become alive when they are integrated into an organic and living system like a language and then become part of a form of life (Plaud, 2009, 2013). Wittgenstein also addresses the process by which different constructs attain meaning within the particular context where they are used, and he writes: “Every sign by itself seems dead. What gives it **life**?—In use it is alive. Is life breathed into it there?—Or is the use its life?” (Wittgenstein, 1953a, p. 432)

For Wittgenstein (1953) the meaning attached to a word, or a sign, is not isolated or static, but the result of a learning process and a taken for granted understanding about the context where a particular utterance can become alive and have meaning. Likewise, when the participants and I addressed the word spirituality we did so from a taken-for-granted, tacit understanding of its significance within the context of our conversations. In chapter II, I discussed how the word spirituality has been given different meanings and still remains contested. It seems, though, as if the participants easily assumed a common ground from where we could both address the word spirituality without being concerned with possible ambiguities and tensions. The participants simply indicated a few characteristics of a spiritual domain: beyond organized religion, universal, transcendent, dynamic. Their descriptions appeared in keeping with how this construct is addressed by contemporary scholars on the subject matter (Fox, 2018; Grof, 1998, 2000; Pargament, 2007, 1999; Sheldrake, 2017; Torralba, 2016; Vieten & Skammel, 2015; Walach, 2017, 2015). The dialogues with the participants conveyed trust in a common context or *form of life*, a concept I discussed in chapter V, (Gergen, 2006) where spirituality was given meaning by both the participants and myself during our conversations.

ACKNOWLEDGING SPIRITUALITY AS A FLEXIBLE CONCEPT.

The generated findings suggest that time is ripe to validate the word spirituality as a relevant construct independent from religion (Pargament, 1999) and to acknowledge that it can be part of a meaningful interaction or *language game* (discussed in chapter V), between therapists and clients (Gergen, 2006, Wittgenstein, 1953). However, in order to use and give meaning to spirituality in psychotherapy interactions we have to be prepared to tolerate tensions (Wulf, 2017) and accept that spirituality, and some related constructs, cannot be defined as a concrete concept. The participants did not seem interested in clear definitions of the “spiritual”, “the soul,” “guiding spirit” or “transcendental presence,” yet they used those words often. They also conveyed an understanding of the word “spirituality” not as a fixed stance, but rather as a dynamic *process*. This seems in keeping with what is conveyed by Wittgenstein when he suggests that “to understand a word means to know how to use it,” and “not a state of consciousness” (Waismann, 2003, p.3.) It is the way in which spirituality is used that is important here. To illustrate the process of understanding a proposition, Wittgenstein compares it to “understanding a melody as a melody” (Ibid. p. 7). Paraphrasing Wittgenstein we could therefore say that the participants *understood spirituality as spirituality*. This process of understanding was richly illustrated by the clinicians through their reflections and the sharing of clinical encounters with a spiritual quality (Richardson, 2000).

Acknowledging a spiritual need or spirituality as a whole does not imply that we should desiccate it into other possible meanings such as “religion,” “religiousness,” “worldview” or ‘existential matters.’ Spirituality can stand alone, and, as an increasingly popular construct, it is addressed and understood by many, also within academia (Pargament, 2007, 1999; Sheldrake, 2018, 2017; Torralba, 2016; Vieten & Skammel, 2015; Walach 2015, 2017).

The participants illustrated that a spiritual interest and identity might fluctuate throughout life which is in keeping with scholarly work on the matter (Bidwell, 2018; Pargament, 2007; Vieten & Skammel, 2015). The clinicians also showed how spirituality might be best approached in clinical settings: in an open manner and accepting its dynamic as well as undefinable aspects. In fact, spirituality–like art–can be understood as what Wittgenstein refers to as a concept with blurry, vague borders. For Wittgenstein, certain concepts remain open-ended since it is not possible to determine beforehand how, and in which particular context, they will be applied. This is relevant for the case of spirituality as a construct, since it appeared as a construct the participants felt comfortable with it despite its open, flexible and even confusing possibilities and qualities. The clinicians were able to address spirituality’s blurry borders and dynamic quality while trusting their capacity to improvise in creative ways the

addressing of spiritual themes with clients. Trust in own professional skills, while holding a genuine and heuristic attitude seem pivotal, since we cannot prepare too much beforehand on how to address a spiritual moment. Because of its very qualities, addressing spirituality seems to demand a fresh and open, unknowing attitude on the side of the clinician (Anderson, 1997).

Non-religious and fluid spirituality. All participants referred to spirituality in general and particularly their own spiritual expressions, as extending outside the borders of religion and inherited traditions. Throughout life, the participants had a fluid integration of perspectives from different traditions, including teachings of Jesus and Buddha, Hinduism, Shamanism and other sources. This integration appeared as a bricolage, with similarities among the participants, yet unique for each of them. Even the two therapists who still practiced their childhood Roman Catholic faith (Carme and Pablo) conveyed an open worldview. As an ordained priest, Pablo practiced the Roman Catholic liturgy daily, yet as a psychologist he welcomed inspiration from different disciplines, allowing to be inspired by anthropological or psychology studies. I noted particularly that Pablo always talked of “spirituality,” not religiousness, and that he stressed that all humans have access to a spiritually dimension even if non-believers or not practicing a particular religion. Carme closely identified with her Roman Catholic faith, and attended church as a space for inner connection, yet she was open towards diverse spiritual traditions and practices. The rest of the thirteen therapists had moved away from their families’ spiritual traditions—or lack thereof—having developed a wider, non-religious, spiritual stance which sometimes seemed to fit into what Drescher (2016) addresses as “Nones,” as people who are able to articulate their spiritual worldviews in their own language and who sometimes search for a spiritual community outside organized religion. The participants’ stance seemed in keeping with that of a growing number of people in Western societies who do not identify with a particular religious path, yet acknowledge a spiritual dimension in life (Bidwell, 2018; Drescher, 2016; Sheldrake, 2017, 2018; Torralba, 2016).

With their positioning, most participants challenged any expectation that a spiritual stance has to be confined within certain accepted parameters to be recognized as valid. Most participants’ spiritual stances appeared in keeping with the idea of a fluid spirituality, described as complex and integrative, in a way that “challenges ordinary assumptions about so-called normal or legitimate spirituality” (Bidwell, 2018, p. 13). In his book *When One Religion is Not Enough. The Lives of Spiritually Fluid People*, Duane Bidwell (2018) exemplifies multivocal practices of spiritually fluid people who, like the participants in this inquiry, integrate different spiritual and religious sources, often in an idiosyncratic manner (Bidwell, 2018). These views are in keeping with social constructionist ideas considering identity as dynamic, layered and

multivocal (discussed in Chapter V). Instead positivist views often expect a rigid, bounded identity which would stay relatively unchanged throughout life (Gergen, 2009). A rigid understanding of identity also influences views on psychological diagnoses which disregard an individual's capacity for personal growth and transformation throughout life (Gergen, 2009), and where symptoms can open up the door to further development (Grof, 2000, Jung, 1961). Similarly, from a perspective of "spiritual monogamy," religious or spiritual identities can be seen as, and expected to be, fixed aspects within a monolithic identity (Bidwell, 2018, p. 26).

Though spiritually fluid people might be considered exotic and elite within academia (Bidwell, 2018), organized religions may see them as a subversive threat, pantheistic and primitive¹⁹. Likewise, from a psychological standpoint spiritually fluid people may be considered unstable and "unhealthy" in their continuous search for meaning somewhere else, deeper and further beyond the frontiers of their already achieved spiritual knowledge. Instead, from the perspective of social constructionist views informing this inquiry, we are invited to recognize the growing presence of multi-ethnic, pluri-spiritual, and "out of the box" expressions and integrations of spiritual and religious influences that characterize spiritually fluid people, their contexts and practices (Bidwell, 2018, 2016; Gergen, 2006, 2009).

The participants' open attitudes towards spirituality appeared in keeping with postmodern views underpinning this dissertation (Gergen, 2006; Hughes, 1996; Kvale, 1996). As I address in the next chapter, the participants' positioning outside rigid spiritual and religious frames was paralleled with their way of integrating different theories and practices in their clinical work. On a more personal side, most participants seemed comfortable with the dynamic and changing qualities of their own spiritual views, something joyfully addressed by some therapists. Like when Peter conveyed with a chuckle that his beliefs were always changing, and which he thought was a normal process (Peter, ch. VIII, p.190), or when Thom seemed surprised by his own words and curiously wondered whether his views on spirituality "would change" during the course of our conversation (Thom, ch. VIII, p. 190). The idea of holding a dynamic, non-static spiritual stance was richly illustrated in the accounts of most therapists who, after passing through their fifties and beyond, shared reflections of a long journey of encounters with diverse spiritual traditions, in their search towards understanding, experiencing and integrating spirituality in their lives. These views resonate with the essays in Bidwell's book *Spirituality, Social Construction, and Relational Processes* (Bidwell, 2016), for instance Bava's (2016); Gergen's (2016), and my own (Carli, 2016).

¹⁹ In chapter II, I address how different religious traditions have excluded those holding a more inclusive, fluid spiritual perspective.

Within a social perspective, the fluidity of all our identities—spiritual and professional—is the result of a dynamic process involving a composite of voices, experiences and views that develops throughout life and demands to be acknowledged and validated (Gergen, 2009). In the same way that other products of social interaction as cultural expressions, language, and family structures, spiritual and religious boundaries are not static but dynamic, develop and intermingle with each other in different areas of human activities (Bidwell, 2018, 2016; Sheldrake, 2017). Psychotherapists integrating spiritual perspectives, stress the importance of acknowledging the dynamic quality of many clients’ religious and spiritual journeys into different worldviews along their lives (Bidwell, 2018; Pargament, 2007; Vieten & Skammel, 2015). The participants’ capacity to acknowledge their own spirituality as developing and dynamic can therefore be seen as an important resource when meeting their clients’ fluid spiritual development. Though no participant overtly identified with or referred to a social constructionist positioning, their views were often in keeping with these perspectives since they conveyed acceptance of the ambiguity and uncertainty accompanying spiritual journeys without an effort to resolve such tensions (Gergen, 2006, 2009; Wulf, 2017).

Cultural background less relevant. Through the process of completing this thesis, several scholars raised the issue of culture as something to attend to, and I therefore address it here. Since I tend not to ascribe a central place to cultural differences and perspectives in my work and life, this, in turn, permeates and possibly limits my views on the generated findings. As I have explained in chapter I, I am a migrant and come from a secular family where migration has been prominent, which in turn influences my personal views and values. Even if cultural aspects are important at times, here I am concerned of not reifying the participants’ cultural background. Instead my main focus has been in their present understanding of spirituality and less on the narrative journey of spiritual and cultural transformation, though it could be very interesting to consider elsewhere.

For instance when Carme shared about clients who would spontaneously hug her, I told her that I had experienced it often here in Norway, and that I found these conversations on “the hugs” interesting since some scholars had asked me about possible cultural differences among the participants in this inquiry. Some people might want to know if Scandinavians hold different spiritual perspectives than Spaniards, or if participants from the UK would convey other spiritual views and practices. Carme, who had lived all her life in Catalonia, Spain, was very clear and conveyed that “people are the same!”, and we *feel* the same, though our way of expressing feelings may be different. Effie, who grew up in Greece and had lived in France, the USA and for most of her adult life in Switzerland, went even further and spoke of “culture as a

prison” one ought to become free from. Living and working outside the outskirts of her birth country was for Effie a great liberation “because then you see the culture really from the outside, and you realize the culture can be a prison” (Chapter IX, p. 236). Effie thought that it was a privilege to be outside one’s religion and culture, because “this opens the mind”. In different ways, other participants also acknowledged the importance of going beyond an identification with the culture and religion of origin. For instance, Flor stressed she is a “world citizen,” while Jamie asked not to be identified with any birth country “or tribe” as she put it. Several therapists seemed to convey a feeling of going beyond the boundaries of one cultural identity, expressing an organic identification beyond country borders. My impression is that like a funnel, the diverse cultural and religious backgrounds of the therapists converged in quite similar views about spirituality.

Acknowledging the word “spirituality.” As discussed in Chapter III, spirituality gradually developed into a construct independent from religion around the nineteen sixties, after being considered part of religion for centuries (Nemeckova, 2017; Pargament, 2007, 1999; Robinson, 2018; Tacey, 2004). Still today, spirituality remains difficult to delimit due to its ambiguities and blurry boundaries so that different interpretations and situated definitions tend to co-exist, as well as diverse approaches to its implications for psychotherapy work (Fontana, 2003; Walach, 2017). As a situated construct, spirituality is continually evolving, and some scholars consider it slippery, difficult and confusing, while others, like Spilka, (1993) think of it as “fuzzy” construct (in Pargament, 2007, p.12). However, spirituality is a growingly popular concept among lay people and largely addressed by scholars too, particularly among psychologists (Pargament, 2007; Robinson, 2018, Hofman & Walach, 2011; Walach, 2017; Wulff, 1997). Besides, the integration of spiritual perspectives within clinical work is an area growing in development (Koenig, 2013; Pargament, 2007; Plumb, 2011; Sulmasy, 2006; Vieten & Skammel, 2015; Walach, 2015). Some scholars, though, have concerns about spirituality due to its loose connotations as a construct and would rather address a term often used as synonymous, like of religiosity or religiousness (Reme, 2014; Stålsett, Gude, Rønnestad, & Monsen, 2012; Wulff, 1997). Particularly within studies conducted in the Norwegian language the dilemma between applying spirituality as a recognized concept has been contested (Reme, Berggraf, Anderssen, & Johnsen, 2009; Stifoss-Hanssen, 2014, 1999).

While in English and Spanish there is only one word for spirituality, or *espiritualidad*, in Scandinavian languages, spirituality may be translated as *åndelighet* or *spiritualitet*, as explained in Chapter II, p.52. The use of *spiritualitet* in Scandinavia is increasingly popular possibly due to English influence (Språkrådet, 2019), yet some Norwegian scholars question

its use since it might give association with so called New Age worldviews (Danbolt & Nordhelle, 2012; Reme, Breggraf, Anderssen & Johnsen, 2009). Likewise, within scholarly work in English, some prefer to use religiosity to avoid the word spirituality being linked to *spiritism* (Shafranske, 1996; Sperry, 2014; Wulff, 1997). Due to the different ways in which spirituality is addressed and sometimes excluded from scholarly work, I was particularly attentive to whether Norwegian or Danish participants had concerns about addressing *spirituality* as a concept. Yet, all six Scandinavian clinicians appeared aligned with the current and popular use of the word spirituality. In keeping with Wittgenstein's quote above (Wittgenstein, 1953a), it is the *use* of the word spirituality what infuses it with life and gives it meaning. Spirituality becomes a concept on its own by the way it seems to be currently addressed by scholars and people of all grounds.

Only a Danish participant (Peter, chap, VIII p. 190) specified he had “an Old type of spirituality”, not a New one. The other five Scandinavian participants did not seem concerned with being associated with new spiritualities or New Age perspectives, nor with possible confusion with spiritism and the like. As I referred to in chapter V, this is still a concern for some authors, for instance Sperry (2014). Five of the six Scandinavian participants integrated views and practices that could fit under the umbrella of *new spiritualities* (Fox, 2018; Hognestad, 2015; Laugerud, 2012, 2011). These perspectives included: Buddhist views (Rene, Line), shamanic practices (Rene, Helen, Petra), practicing Reiki (Ella) and soul-oriented approaches (Ella, Helen). However, scholars with a more critical view towards these spiritual expressions might consider these practices as “New Age” (Reme et al., 2009).

Belonging to a larger dimension. All participants described spirituality as addressing a dimension beyond the material world to which it is possible to have a direct contact with, and with manifold expressions. The participants seemed to understand spirituality as an innate and universal phenomenon in keeping with what is shared by spiritual teachers as well as by many scientific scholars (Sheldrake, 2018; Teasdale & Dalai Lama, 2001; Torralba, 2016; Walach, 2015; 2017). German psychologist Harald Walach (2017) illustrates the idea of an innate spirituality when he tells that “Spiritual experience of a transcendental relatedness of humans is generic. It is human.” (p. 11). Catalan philosopher Francesc Torralba also states that spiritual needs are common to all human beings, and points out that when these needs are forgotten and disattended, we become “spiritually impoverished” (Torralba, 201, p. 17). As I discussed in chapter II, spirituality is often associated with the direct experience of self-transcendence, often through connection with others, Nature and the whole Cosmos (Walach, 2017). The participants also spoke of being in direct contact with the wholeness we are all part of, sometimes

experienced as a space of no words or thoughts. Some of these perspectives are addressed by different traditions as well as by psychology scholars at the beginning of last century (Bucke, 1905; James, 1936; Jung, 1961) and in the present (Grof, 2000; Walach, 2017).

Perceiving and contacting a spiritual presence. In the conversations, only a few participants named the idea of God, but most of them conveyed that they thought and sensed that there is some kind of presence, consciousness, or reality beyond this one. Some participants described Spirit directly or indirectly as a kind of benevolent presence, energy or vibration which one can perceive and interact with, as they had sometimes experienced. The participants' contact with a spiritual presence was sometimes done actively by asking for help, reaching to and contacting guiding spirits, or by spontaneously receiving messages from Spirit through intuitive thoughts, synchronicities, dreams or inspirations. The idea of Spirit being dynamic and interactive, and able to respond and guide in different manners conveyed by the participants, is supported by spiritual traditions and by contemporary scholars.

Biologist Rupert Sheldrake in his book *Ways to go beyond and why they work* (2018) suggests that addressing a higher dimension through diverse spiritual practices indicates the expectation of getting in touch with a consciousness realm beyond human existence which can interact with humans. If Spirit could not respond, Sheldrake points out, it would give no meaning to try to contact it or "beings" such as angels, God, gods, goddesses or ancestors. Similarly the participants' accepting the idea of a participating Spirit suggested they operated within a paradigm where consciousness is seen as primary, existing beyond the material reality of the brain, and not a product of material brain (Lorimer & Robinson, 2011; Lorimer, 2004; Robinson, 2018; Sheldrake, 2017). As Sheldrake points out, it would make no sense to approach entities if they were confined to the material boundaries of our own brain and head, (Fox & Sheldrake, 2014; Sheldrake, 2019). Though this perspective is not mainstream, scholars holding post materialistic views on science support the idea of consciousness existing beyond and independently of our material brain (Beauregard, 2014; Goswami, 2016, 2004, 2000; Sheldrake, 2012; Vieten & Skammel, 2015; Vieten, 2017; Walach, 2015, 2017, 2018). Some of these perspectives were addressed in chapter IV and throughout this dissertation.

Unity, transcendence and evolution of consciousness. An interpersonal aspect to spirituality was also highlighted by the participants conveying a feeling of being one with other humans. They shared an idea of unity, transcendence, and all-pervading consciousness as part of their understanding of spirituality. Some participants conveyed that spirituality for them involved an awareness of having part within a larger evolutionary process, a central idea in many ancient spiritual traditions (Dalal, 2001; Goswami, 2000; Patel, 2012), also shared by

mystics (Baring, 2013; Tarnas, 2007), and by originary traditions within the umbrella of *shamanism* (Harner, 1990; Kurtieff, 1979; Villoldo, 2000). For some participants an awareness of being part of the whole Cosmos was central to their spiritual understanding of Spirit. The awareness of belonging to a universe that, like ourselves, is in continuous evolution and transformation is also an important part of the scholarly work of contemporary scientists and philosophers (Goswami, 2000; Hamein, 2016; Schäffer, 2013; Sheldrake, 2012; Wilber, 2007). A more intimate aspect of spirituality was also named when participants expressed that solitude and a sense of freedom might accompany a spiritual journey. Some clinicians (Effie, Line, Rene) understood spirituality as the great Emptiness, the void beyond material experience and within the formless—and wordless—level of existence, and which they were sometimes were able to perceive through meditation and deep personal work. This is a perspective found within perennial psychology which I address later in this chapter (Dalal, 2001).

Perceiving awe and wonder. Most participants expressed that besides a sense of completeness and freedom, feelings of wonder and awe are often part of a spiritual experience, whether this unfolded in relation to others, in contact with Nature or as an intimate, individual experience. Awe is an emotion that different scholars consider emerging within a spiritually charged moment (Bucke, 1905; James, 1936; Tacey, 2004; Walach, 2015). Awe refers here to the capacity of being moved and touched by experiences, by our own reflections on a larger perspective of existence and when considering our place in a greater dimension (Keltner & Haidt, 2003; Rudd, Vohs, & Aaker, 2012). Throughout our conversations the participants directly and indirectly described being deeply touched and even transformed by phenomena with a spiritual quality manifesting spontaneously, for instance through different experiences in everyday situations or during travels where they visited churches and holy places and enjoyed encountering different peoples. Though not defined like that, these journeys appeared to have the quality of a pilgrimage for the participant.

Sometimes awe was experienced during meditation, doing shamanic work, in contact with nature and quite often as part of the process evolving within therapy sessions. For instance Jamie told of her client suddenly being aware of a ray of light falling on her, while Helen shared of an overwhelmed client who suddenly experienced a helping presence, like ‘a god’ that deeply moved both client and therapist while giving them a feeling that things would work out well. In all cases, whether directly or indirectly, a feeling of awe or wonder was understood as accompanying spirituality. This was conveyed in a manner similar to how William James describes in his book *The Varieties of Religious Experiences* (1936) when addressing the different aspects of a “religious sentiment.” James writes:

Religious awe is the same organic thrill which we feel in a forest at twilight, or in a mountain gorge; only this time it comes over us at the thought of our supernatural relations; and similarly of all the various sentiments which may be called into play in the lives of religious persons. (p.33)

The idea of an “organic thrill” conveyed by James is in keeping with how the participants’ narratives reflected spiritually moving experiences and suggests that some aspects of spirituality may belong outside the territory of socially constructed concepts, as an innate capacity (Torralba, 2016; Walach, 2017). Even some animals, like chimpanzees seem to express awe in front of a waterfall, or joy under the rain, in a manner that primatologist Jane Goodall understands as a precursor of rituals (Goodall, 2005). British biologist Rupert Sheldrake, on the other hand, suggests that unlike humans struggling with continuous inner talk and mental worries, animals may be able to directly and effortlessly access all-pervading consciousness (Sheldrake, 2019).

Psychiatrist Ian McGilchrist, in his book, *The Master and his Emisary-The Divided Brain and the Making of the Western World*, (2009) explains how we easily experience wonder and awe as children since we then relate to the world in spontaneous, creative and implicit ways, characteristic of the functioning of the right brain hemisphere. Later in life, McGilchrist explained we tend lose access to this innate disposition, since school and other forms of socialization do not support the development of wonder towards our surroundings. Instead, other characteristic left-brain activities, such as perfectionistic attention, and explicit articulation of knowledge are given priority in our civilization (McGilchrist, 2009). In line with these views, the participants in this inquiry seem to have kept their capacity for wonder and creativity, which in turn might have allowed them to acknowledge awe provoking and sacred qualities in their encounters with clients, and to approach spirituality in an implicit manner.

The participants also conveyed a tacit, taken for granted understanding of their clients’ spirituality. Through our conversations, they provided examples of clients who could relate well to their therapists’ interventions without demanding explicit information or clarification of spiritual contents. Examples of these are the cases when the therapist introduced interventions to retrieve the soul (Helen, Ella), when a ritual was suggested (Jamie, Helen, Petra), when the client was invited to reflect on the spiritual meaning of his or her life (Carne) or when consciousness phenomena during death were addressed (Rene). Likewise, when contact with a formless level was facilitated (Effie) or when an experience with a numinous, enlightened quality was highlighted (Helen, Petra, Thom, Jamie). Their clients’ needs seemed

often to be met by the clinicians applying their therapeutic and spiritual competencies in heuristic manners, where different approaches were sometimes integrated (see ch. IX)

There are several observations possible here. One has to do with an implicit form of knowing, which depends on the global context, in this case the psychotherapy context, without fragmenting it in small pieces of knowledge (McGilchrist, 2009). Besides, the therapist's attention is also informed by inner sources of knowledge relevant within the particular context where a spiritual or sacred qualities might resonate in both client and therapist and then acknowledged and addressed in a clinical setting (Corbett, 1996, Walach, 2017). Psychotherapists might experience a sacred quality through their encounters with clients, yet spiritual and numinous phenomena may remain unnoticed if therapist and client are unable to recognize their appearance (Corbett, 1996; Pargament, 2007). In my view, the participants seemed to keep a capacity for wonder, sensibility and openness which could have enabled them to be attentive to sacred qualities in their interactions with clients.

The attention given to a particular context or phenomena, determines what we are able to perceive, changing how we experience and make meaning of what we observe around us, which in turn has an effect on our further attention, and so on (McGilchrist, 2009). In the case of the therapists' relation to awe provoking phenomena in their personal life and clinical practices, it is possible that a self-reinforcement process took place: by being open to experiencing awe and being moved by wonder and a sacred quality in their personal lives, the clinicians could be expected to be attentive and able to experience and acknowledge awe and a numinous quality in subsequent situations. In a way this would be contrary to what McGilchrist explains happens through the dis-acknowledging of wonder that accompanies socialization processes in our societies (McGilchrist, 2009). Instead, I dare say that through their disposition, the participants seemed to be continuously re-socialized into wonder, awe and the recognition of a sacred dimension in their lives and that of their clients.

PERSONAL SOURCES OF SPIRITUAL KNOWLEDGE.

Through our conversations the participants often referred to having experiences of a spiritual quality, aligned with scholarly work from different disciplines suggesting that crediting a personal, direct contact with Spirit might enable them to feel a connection to a larger dimension and to experience wholeness, which is primordial in order to study spirituality (McGilchrist, 2009; Sheldrake, 2019; Walach, 2015, 2018). For instance, Walach (2017), highlights the relevance of direct inner experience as a source of knowledge:

The spiritual insight of spiritual experience (...) starts as an inner experience of the totality, without any reference to the senses, and provides us with a deep insight about the structure of reality in very general terms. (p.13)

Walach (2015; 2017) further proposes the idea of a secular spirituality, independent from any confession and supported by multidisciplinary studies within spirituality, consciousness, and the neurosciences. In keeping with these views, several participants talked about their own and their clients' spiritual experiences during meditation (Rene, Effie, Peter, James), by perceiving numinous, guiding presences (Helen, Thom, Jamie, Ella, Petra), by performing everyday activities consciously (Carne, Thom) or through travels (Flor, Rene, Peter).

A “spiritual bricolage”. Adopting a bricolage approach enabled me as a researcher to address complex meaning-making processes unfolding within and outside the scope of this inquiry (Denzin & Lincoln, 1999; Rogers, 2012). I had to take into consideration that not all individuals or circles would accept my approach to spirituality. Some could deny that spiritual matters differ from religious concerns, while others might come to reject both religion and spirituality altogether. When I contacted the participants, I was unaware of the connotation spirituality had for them, I just expected they would be willing to talk about “spirituality and psychotherapy.” As I discussed in chapter VIII, and earlier here, the clinicians came to show a nuanced, often dynamic understanding of what spirituality was for them, with many similarities and few differences among their interpretations. Similarly, their practices and interventions could be understood as a bricolage approach to spirituality characteristic of the postmodern times we live in (Rogers, 2012).

As I have explained, a bricolage involves a creative and flexible process that makes possible the introduction of methods and questions that have not been planned in advance, but which rather are implemented in a heuristic, spontaneous manner, intended to address the emerging needs in research, and I could add, in psychotherapy as well (Denzin & Lincoln, 1999; Rogers, 2012). Even if none of the participants referred to being influenced by postmodern views, they all addressed the laxity of boundaries among intermingling of disciplines and sources of spirituality. This is in keeping with postmodern views where different fields of study are interconnected and where boundaries between disciplines from social sciences, humanities, theology, biology and physics become blurred (Kvale, 1996, 1981; Rogers, 2012). For instance, Carne thought that there was no difference between a spiritual approach and psychotherapy, while Pablo, from his particular position as both psychologist and priest, highlighted that both

of his professions, though kept separated, interrelated and nourished each other, never in contradiction but in collaboration.

Accessing spirituality through feelings and activities. When describing moments with a sacred quality in their lives and that of their clients, the participants often referred to “feelings, actions and experiences” (James, 1936) with a spiritual quality, either in private or in clinical settings. The participants’ reflections about spirituality harmonize with how William James (1936) defined religion as “the feelings, acts and experiences of individual men in their solitude, as far as they apprehend themselves to stand in relation to whatever they may consider divine” (James, 1936, p. 21). I discussed James’ view in chapter III and pointed out that for James a spiritual or religious experience seemed to start from within the body, since he addressed an *embodied perspective* of spirituality, as something that could be accessed through *actions*—or what James calls *acts*. Similarly, several participants had experienced a transcendental dimension from childhood and until now. In their dialogues the participants also conveyed a holistic perspective, with a global and process-oriented understanding in relation to bodily sensations and symptoms that appears close to the description of *religion* given by William James (Ibid.). As described by the participants, spiritual experiences might involve deep feelings, and imagination in the form of symbolic material like dreams and visualizations (Grof, 2000; Jung 1969, 1966) (See also chapter III).

A numinous experience may urge the body to express itself creatively, through actions, movements and other concrete manifestations like rituals (as Jamie inspired her clients to do), or drawings and visual artistic expressions (like Helen would do for herself). These expressions may evocate or re-present a spiritual dimension and, in this way promote healing and wholeness (Grof, 2000; Jung, 1969, 1966; Levine, 2010).

Accepting uncertainty. Since a spiritual dimension is accessed by wordless, personal experiences, it may be difficult to express it. In order to describe wordless phenomena, we are forced to be flexible and to accept a certain degree of uncertainty (McGilchrist, 2009). Here is where perspectives from Quantum Physics and from a non-materialistic view of science (Beauregard, et al., 2014, Sheldrake, 2012, Schäffer, 2013; Walach, 2018) seem relevant, particularly the ideas of wholeness, interrelatedness and all-pervading Cosmic Consciousness as well as the idea of a realm of forms or *Elementary Thoughts* (Schäffer, 2013). These perspectives could intermingle with a social constructionist view, enriching our understanding of what spirituality might involve. Could it then be that this realm of elementary thoughts from where we come and may go back to is what we call Spirit, as some ancient traditions propose? The stuff around and within us which have given rise to religions and spiritual positionings?

(Capra, 1997; Grof, 2000; Haramain, 2016). We do not need to find an answer but rather to stay open in wonder, which is in keeping with social constructionist contributions which invite us to keep a “not knowing attitude” (Anderson, 1997), staying with tensions (Wulf, 2017) and ambiguities (Gergen, 2006; McNamee, 2009) without trying to solve these. Addressing a construct as spirituality, which cannot be defined in a concrete, graspable way, forces us to tolerate a certain level of uncertainty and to hold a curious attitude, which is also characteristic of the biological function of the right brain hemisphere. A spiritual understanding is accessed by keeping such an explorative, non-judgmental attention, instead of trying to manifest expertise and precision (McGilchrist, 2009).

Shamanic inspired views and practices. When the first clinician referred to shamanic views and practices (Helen, ch. IX, p.210), I was really surprised. Soon after, another three therapists (Rene, Jamie and Petra) described views, practices and clinical interventions inspired by shamanic traditions. The idea that forces of nature, ancestors and other spirits can interact with human beings is central to nature bound spiritualities (Harner, 1990; Villoldo, 2000; Xiulan, 2008). Three therapists influenced by such views (Jamie, Helen, Petra) would ask for spirits to guide them, and reported being assisted by friendly spirit guides in their personal and professional lives (see for instance Jamie, ch. IX, p. 210). Shamanic informed therapists were articulated in describing their understanding of there being not only one but many different levels and dimensions of existence, with energies and forces that interact between themselves and with us. However, the understanding of the essence of spirituality did not seem particularly different whether therapists conveyed a shamanic worldview or not. All participants described spirituality as being connected to a transcendental dimension beyond the material realm.

Shamanic worldviews understand spirituality as inherent to the human condition, and have existed for at least 35.000 years, long before organized religions (Duncan, 2014; Talhamer, 2015). Scholars advocating for panentheistic views point out that pre-religious perspectives are not necessarily inferior to those of organized religions (Fox, 2018). In fact, some pre-religious ideas have been integrated syncretically within existing religions (Duncan, 2014). It would be worth it, however, to reflect on how and why certain worldviews, practices and traditions seem to be more or less accepted as valid, whether these are related to spiritual, religious, cultural or scientific views. As I have discussed throughout this dissertation, what is considered a valuable perspective, or an acceptable construct, is always situated in a particular context of time and space. Similarly, what is accepted as common sense, natural and logical is also subject to situated issues of dominance and power as discussed in chapters V and XIII.

Though Buddhist informed mindfulness practices have gained recognition among psychotherapy approaches in the last several decades (Sheldrake, 2017), Shamanic perspectives are still much outside the scope of clinical training. However, both perspectives appear closely related, share an understanding of illness as ultimately spiritual in nature, and an aim to promote healing of body and soul (Duncan, 2014). A shaman has access to the spirit realm by entering through an expanded consciousness state which enables interaction with Spirit, in order to attain divination knowledge and power to heal others physically and spiritually (Duncan, 2014). Within this perspective, Buddha was also the healer within his community, and the boundaries between an accepted religion as Buddhism, and some nature bound, pre-religious views may appear as blurry. However, the intersection with shamanic views was accepted by some of the participants, in keeping with contemporary psychotherapeutic work which integrates shamanic views particularly in trauma work like that of Stanislav Grof, (2000), Peter Levine (2010, 2018) and Gabor Mate (2016).

REFLECTIONS ON THE PARTICIPANTS' SPIRITUAL UNDERSTANDING

My intention in this chapter was to illustrate and discuss some key aspects of the meaning ascribed to spirituality by the participants, as these were manifested directly in our dialogues and indirectly through the stories they shared about their lives and encounters with clients. As I referred to in chapter IV, different studies indicate that psychotherapists, particularly psychologists, tend to report being less involved in organized religion and more oriented towards a wider form of spirituality than the rest of the population, being more secular than nurses and physicians (Bergin & Jensen, 1990; Walker, Gorsych & Tan, 2004; Wulff, 1997). Given that psychotherapists are less inclined to unfold their spirituality within organized religions, some scholars have become interested in studying the meaning behind the spirituality of psychotherapists more in depth (Orlinsky, 2000). This in turn has inspired me to pursue this dissertation. The understanding of spirituality conveyed by the participants appeared in keeping with what is described as the *feeling of being one* with a larger reality, being part of the universe and transcending the boundaries of the self (Nemeckova, 2017; Robinson, 2018). This poses an important question about whether what we call a spiritual experience is just a realization of our natural interconnection with the extended field of consciousness or energy we are part of (Haramain, 2016; Schäffer, 2013). These are ideas that ancient traditions have dealt with. Likewise, contemporary scholars from different disciplines like biology (Sheldrake, 2012), chemistry (Schäffer, 2013), physics (Goswami, 2000; Russell, 2002) as well as clinical psychology (Grof, 1998; Levine, 2018; Vieten & Skammel, 2015; Walach, 2018), have been

able to bridge science, consciousness studies and ancient spiritual perspectives. Among these contributions, transpersonal psychiatrist Stanislav Grof (1998) illustrates an integrative perspective with the inclusion of diverse sources of knowledge. Grof states that “Modern consciousness research has generated important data that supports the basic tenets of perennial psychology” (p. 3). In turn, these inclusive theoretical views give ground to therapeutic interventions where different psychotherapy schools intermingle, a matter I address in next chapter.

The meaning attached to words is always located in a particular social and historical context (Anderson, 1997). As such, meaning evolves and is transformed through human interaction and collaboration (Gergen, 2006, 2009) which is also the case for the word *spirituality* as discussed in chapter II. In chapter V I also discussed how within a social constructionist perspective, *meaning* is not owned by a particular person or community but is the result of collaboration through dialogue and other actions (Gergen, 2009). There are still diverse possibilities of interpretation suggesting that at least part of what we understand as spirituality can be considered a socially constructed endeavor (Bidwell, 2016). However, the participants shared an understanding of spirituality as innate and transcendental, going beyond matter and unites all existence. This characteristic of spirituality was highlighted by all the participants, while the idea of spirituality as socially constructed through the interaction with others was only addressed in an implicit manner.

When it comes to the way in which the participants interpreted spirituality, one of the common traits was their addressing to multifaceted dimensions of sources and expressions which appeared dynamically influenced by their interactions with clients and with me as a dialogue partner. As I referred to earlier, some participants were open to the flexibility of their own creative reflections and accepted that their views on spirituality could evolve and change. These reflections and dialogues with others and with themselves, seemed to have brought new depths and meaning to their understanding of spirituality. Though meaning attached to any construct depends on the spirit of a particular time or *Zeitgeist*, on a more personal level, the participants’ understanding of spirituality seemed influenced by the qualities of personal interactions, as well as by their own deep experiences or encounters with the sacred.

The bricolage perspective (Rogers, 2012), presented as one of the theoretical influences of this inquiry is also relevant here. Each participant’s contribution reflected ideas addressing many different aspects: their relation to Spirit, their confrontation with human suffering, their personal struggles, their trust in being able to help another person, their surrender to forces greater than themselves. Likewise, the generated findings unveil that each of the participants

had a unique, creative and powerful way to assist their clients in their journey into healing, which I address in the next chapter.

CHAPTER XII: DISCUSSION- NAVIGATING SPIRITUAL ISSUES
IN SESSIONS

A BRICOLAGE OF INTERVENTIONS

*If the therapist cannot play,
 Then he is not suitable to work.
 If the patient cannot play,
 Then something needs to be done
 To enable the patient to become able to play.
 After which psychotherapy may begin.*
 D.W. Winnicott, *Playing and Reality* (1971, p. 54)

In this section I discuss some of the ways in which therapists addressed spirituality in their clinical encounters, which in the research question I call the *navigating* of spirituality. The generated findings illustrated a great variation of approaches, often implemented in a spontaneous, heuristic manner that also evokes the perspective of *bricolage* underpinning this dissertation (Rogers, 2012). The creativity expressed by the clinicians appeared as an invitation to the client to approach spirituality in a co-creative manner which resonates with Winnicott's (1971) views quoted at the beginning of this chapter, where he suggests that the therapist has an important role when it comes to inspire the client to be creative and open to find new ways to be present in his or her life. Without forcing the client, psychotherapy work implies a journey of transformation where new perspectives can be contemplated, and playful, heuristic approaches to life might then emerge. In keeping with such views, the participants shared caring and constructive interventions where spiritual matters were sometimes addressed playfully.

One of my intentions was to understand what facilitates an approach to a spiritual or sacred resonance within clinical work. I had also wondered whether the clinicians chose to implement particular spiritually sensitive practices, depending on the client's therapeutic demand or expectancy, and his or her needs and wishes, or whether such interventions depended on the therapist's own worldviews. I also wanted to understand whether the therapists' theoretical background influenced the way in which spiritual matters were addressed in clinical encounters. I wondered whether therapists who had, for instance, a psychoanalytic or psychodynamic training were more reserved in their spiritual interventions than those with a background in systemic or narrative therapy. It is my impression that in most cases, neither the therapists' background nor the presented concern of the client determined the implementation of a spiritually sensitive intervention, but rather it was a result of the quality of the rapport between client and therapist and to whether a spiritual meaning around the presented concern and the way it was dealt with was co-created by both client and therapist. As I discussed in the previous chapter, most participants understood spirituality as a feeling of wholeness and interconnection with their surroundings and the Cosmos. For some, this experience of belonging to something larger and beyond was also accompanied with a sense of freedom. The

participants' understanding and experiencing of a spiritual dimension reflected in their therapeutic openness to different approaches and interventions. The clinicians conveyed a sense of trust, seemingly grounded in their spiritual stances and therapeutic skills.

A GLOBALIZED, NON-LOCAL PSYCHOTHERAPY CULTURE

In this section I address some aspects related to psychotherapy as a culture extending across national borders. I do so in order to situate the context where the participants' views and practices unfolded, often against what the dominant culture of psychotherapy and psychotherapies might consider relevant or appropriate.

Psychology and psychotherapy are products of Western civilization, and their influence permeates everyday language and popular culture in our contemporary societies (Furedi, 2004; Madsen, 2012a, 2012b). Perspectives emerging from psychotherapy and psychiatry, as well as elaborated diagnoses, or just a few letters addressing a mental health problem (like *PTSD* or *ADHD*), have become part of a common, taken for granted cultural wealth which in turn influences how we understand ourselves, others and our relations. However, just a few decennia ago those categorizations of human challenges belonged only to the jargon of specialized professions. Furthermore, contemporary Western culture has become infused with a superficial attitude to privacy, where people are expected to voluntarily share intimate issues and problems in a manner that had been unthinkable to do outside a therapy room just a few generations ago. Parallel with this apparent normalization and externalization of personal circumstances, we see an increased attaching of diagnoses to otherwise normal and expectable human states and circumstances (Furedi, 2004; Madsen, 2012a, Tveito, 2012). In turn this diagnoses-oriented context influences the way in which suffering is understood and approached by lay people, health care givers and psychotherapists. Common for most of these superficial understandings of human challenges is that a spiritual dimension of suffering, as well as of healing, is left aside. Within this contemporary context the participants developed practices which included a spiritual perspective, often against a mainstream psychotherapy understanding.

Even if grounded on different schools of psychotherapy, most counselors and psychotherapists have undergone similar journeys including graduate studies as well as psychotherapy training, which gives rise to the particular *form of life* of psychotherapy (Gergen, 2006; Wittgenstein, 1953a). Through those processes of education "students are socialized into a specific professional culture of psychotherapy and counseling with shared beliefs and technologies" (Skjær Ulvik & Rønnestad, 2013, p.37). Knowledge in the form of books, articles and lectures by outstanding scholars within different disciplines and schools of thought has

become easily available and contributes to consolidate, in this case, a therapeutic identity across national and language borders. For instance, a narrative, or psychoanalytic, systemic, etc., psychotherapist in Brasil, and a colleague in Norway belonging to the same psychotherapeutic tradition, can be expected to share similar views, verbal expressions, categorization forms, etc., as part of a shared *therapeutic subculture*. On the other hand two therapists from Norway—or elsewhere—*without* the same frame of psychotherapeutic reference may feel somehow estranged towards the other’s perspectives and practices, since they do not share the same intellectual frame of reference or *form of life* (Gergen, 2006). Though the solid borders among therapeutic perspectives have become more permeable, they still exist, particularly so within the psychotherapy profession, in a manner that would be unthinkable among, for instance, chemists, as Grof points out (Grof, 2000). Sub-cultures are all pervading the larger territory of psychotherapy. It is easier to understand a psychotherapist whose frame of thought and work one shares, even when exchanging views in some broken language, than being told about psychotherapy work by someone speaking one’s own language, yet coming from a completely different scholarly tradition. I have experienced this a few times while listening to colleagues from my home country Argentina, speaking in the same colloquial way I do, yet conveying *Lacanian* views and perspectives which I find very difficult to understand, since I was socialized in a different, dare I say wider perspective from where to understand and practice clinical work. With the participants, conversations developed easily despite language differences, since, it seemed, we shared the same humanistic and spiritually minded views.

The subculture of spiritual oriented therapists. Within the larger, global culture of therapists and counselors there are indications of there being a “culture of spiritual therapists,” extending across countries and cultures, actively integrating spirituality in their lives and clinical approaches. There seems to be a “spiritual sub-culture” among therapists devoted to integrating a spiritual perspective in psychotherapy (Cesar, 2013; Pargament, 2007; Stålsett et al., 2012; Vieten & Skammel, 2015). Interestingly, the fifteen participants did not seem to have developed spiritually sensitive approaches by following the ordeals of a spiritual tradition nor to those of a particular school of psychotherapy. On the contrary, these therapists came from different theoretical orientations within psychotherapy and in most cases had moved along different theoretical and clinical approaches yet holding a humanist perspective throughout their professional development. This appears in keeping with findings by Hofman and Walach (2015) who studied religiosity and spirituality in clinical practice among 890 German clinicians, finding that psychotherapists holding integrative and humanistic perspectives appeared more interested in addressing spiritual matters than CBT and psychodynamic practitioners. However,

the authors reported more similarities than differences in the clinicians attitudes towards the integration of spirituality in psychotherapy (Ibid.). Later in this chapter, I discuss humanist perspectives in psychology in more detail.

A humanist perspective. Though they had different theoretical backgrounds and implemented an array of interventions, the participants shared an integrative and humanist perspective on psychotherapy work. Humanistic psychology developed in the twentieth century as an alternative to psychoanalysis' determinist attribution to human development being mainly conditioned by drives and childhood experiences. Humanist psychology also contested scientific reductionism found in behaviorism and quantitative experiments, and proposed a holistic view of humans, seen as unique beings deserving individual attention by psychologists and psychiatrists. Humanist psychology contributions like Abraham Maslow's (2011) self-actualization of potentials and Carl Rogers' (1980, 2004) client-centered psychotherapy, focused on human potentials to attain growth in relation to autonomy, self-worth, love and fulfilment (Britannica, 2019).

Only one participant (Thom) referred being inspired by Carl Rogers' work; however, most participants implemented a client centered perspective, meeting their clients' needs and promoting health and healing through promoting self-actualization of each individual's potentials. The main trait of most participants' psychotherapy interventions could therefore be understood as having a humanist perspective, which is in keeping with research by Hofman and Walach (2011) who found a prevalence of humanistic, client centered psychotherapists in their representative study of 895 German accredited psychotherapists. Since they only recruited psychotherapists available through an internet register, the authors pose the question whether their sample's humanistic orientation may not be characteristic of most therapists under the public reimbursement scheme (Hofman & Walach, 2011). Yet, within the sample of this dissertation most participants worked within their countries' public reimbursement scheme or state-owned clinics, and they seemed to have an affinity with humanist perspectives. As I addressed at the beginning of this chapter, the participants views denoted an understanding of a kinship among humans that overcame their possible differences in personal, spiritual or professional background. Several clinicians held the view that humans share a common spiritual ground, and some conveyed that we are one and have the same needs, since we are alike.

Integrating different psychotherapeutic perspectives. The participants' current views and practices appeared as a fluid integration of psychotherapy perspectives, including psychoanalysis, body-oriented therapies, systemic and narrative approaches to name a few. Most participants seemed to have developed intuitive clinical approaches in a very independent

way, much in the manner they travelled their spiritual journeys. From a social constructionist perspective, our sense of self—personal and professionally—is continuously being shaped by a myriad of ideas and practices (Gergen, 2009). Nowadays we can access an array of information almost immediately through personal exchanges, and lectures, conferences, books, and, of course, the internet. People interested in a particular area of knowledge, may therefore share the same “textual friends” (Gergen, 2009) in the forms of books and other sources of knowledge within a given field of interest. We could even talk about “YouTube friends,” since many lectures and interviews with scholars from most disciplines are available online. Globalization has aided this process of “befriending,” so that groups of people sharing the same, special interests might co-create what Walach calls “intellectual ecospheres” (Walach, 2017, p. 9). These ecospheres have no real disciplinary, cultural or geographic borders anymore since in our postmodern and globalized world people are influenced by easily accessed ideas about spiritual matters that no longer belong to only one territory or cultural context (Galtung & McQueen, 2008).²⁰

The participants in this dissertation can therefore be understood as belonging to the “intellectual ecosphere” (Walach, 2017) of clinicians who integrate a spiritual perspective in psychotherapy. Those of us who have an interest in spiritual matters seem to be formed and informed through similar sources and across continents. Carme, for instance, to whom I only talked to once, had read the same books and addressed similar matters—like Quantum Physics—as other participants and myself, were interested in. Even though she had always lived in Catalonia, and her personal background as a practicing Roman Catholic was quite different from that of other participants and of my own.

As I explained in the previous chapter, several therapists said they accessed inspirational knowledge from direct experiences with a transcendent quality. External and personal sources seemed to have inspired their spiritually sensitive interventions. Direct spiritual and transpersonal experiences enable us to be in contact with a shared source of information—what Jung called the collective or transpersonal unconscious, where there are no borders in time or space (Grof, 1998; Jung, 1961). However, information from direct experiences has until now deserved little attention within scientific studies framed within a positivist paradigm (Grof.

²⁰ Throughout the work with this dissertation I was particularly inspired by different “intellectual ecospheres” (Walach, 2017). *The Taos Institute*, with its dynamic web-based community within social constructionist research, has offered a platform where from access knowledge and discuss ideas around the research process. Another important place of reference has been the *Scientific and Medical Network*, which addresses matters bridging science and spirituality. The interdisciplinary group for the study of *Religion Psychology* in Norway has provided a space to discuss this dissertation.

2000; Walach, 2018, 2017, 2015). In order to study transpersonal or spiritual phenomena, a non-materialistic approach that validates individual experiences is necessary (Walach, 2015, 2017, 2018). In keeping with these ideas, most of the participants' views conveyed an openness towards different external sources of spiritual knowledge as well as trust in their own personal ways to gain a deeper, spiritual understanding. After our encounters, I came to think that across the globe there might be a kind of “tribe of spiritually sensitive psychotherapists” where personal backgrounds and spiritual or religious interests are less important, and instead open, curious spiritual interests are central, as well as trust in personal, transcendental experiences.

The tribe of spiritual psychotherapists. When presenting the participants, I chose not to dwell on the particularities of their personal background, not only for confidentiality reasons, but also because I did not want to focus on the particular cultural context where they lived and worked. Instead, I chose to address the *psychotherapeutic* culture or cultures the therapists came from, identified with, and moved into, which seemed to be wide and diverse. None of the therapists seemed attached to only one therapeutic perspective in a rigid way, though they did communicate their preferences at the time of the interview.

Psychotherapists around the world could be considered a culture or “tribe” in itself, with their own significant words and “language games” of taken for granted ideas and practices (Gergen, 2006). We are often introduced to the same sources of theoretical and clinical knowledge, reading similar books, introducing the same interventions, participating in similar conferences and trainings within our fields of interest. Particularly within the “tribe” of spiritually minded psychologists, the similarities of sources of knowledge and worldviews across borders seem to be many. Within a social constructionist perspective, relationships have a central role in the creation of meaning, and words have the effect of acting as “glue” that hold together traditions and contribute to developing different “forms of life” within relationships (Gergen, 2006, p. 21-22). A particular *form of life*, in this case, that of spiritually interested clinicians, can be understood as being held together across countries by using words that convey an interest for spiritual concerns, and by the meaning we attach to spiritual relevant themes. In this sense the group of interested psychotherapists cannot be expected to be uniform, and this particular sample was not either. But they did seem to share a similar understanding of spirituality as a legit concept as well as an open attitude towards ways to create meaningful conversations about a sacred quality in life. The unfolding culture of spiritually minded psychotherapists can therefore be understood as a “form of life” where particular groups of interlocutors agree on certain uses of words—or “language games” (Gergen, 2006).

Groups are established and consolidated through the words used to name their worlds, (Gergen, 2006, 2009). Likewise, the subculture or “intellectual ecosphere” (Walach, 2018) of spiritual therapists, is consolidated around similar constructs but not in a uniform nor rigid manner. The findings of this study seem to indicate that spiritually minded therapists might approach spiritual matters in clinical sessions in diverse manners, yet have a common understanding, addressed with many of the same ideas and words which have contributed to shape them as professionals open to a spiritual dimension in their therapeutic interventions.

Within social constructionist views, meaning making is understood as developing within a particular cultural tradition, whether this is grounded on a psychotherapy school or tradition, religious practices, scientific values, or street gang activities (Gergen, 2006). Even without external references, clinician and client might establish their own “tradition” when it comes to how a particular phenomenon, like spirituality, might be approached. We do not always need to inscribe meaning within a larger cultural dimension, since we “make culture” through meaning making in all our interactions (McNamee, 2009, 2010).

Co-constructing new meaning. In their encounters with clients, the participants seemed to co-construct meaning around spiritual matters in an active and creative way, in keeping with how meaning making understood and enabled within a social construction standpoint. The process of meaning that allows to adapt in relation to those participating (McNamee & Hosking, 2012; Gergen, 2015). Through all interactions meaning is co-constructed, and it is particularly important within healing relations (Gergen, 2006). The clinical encounters referred by the participants suggested that meaning was created around spiritual matters between them and their clients. Likewise, in dialogue with me as a researcher, the participants were active in searching different ways in which we could co-create an understanding of spiritually related themes. The Findings chapters VII, IX and X, provide several examples of how most participants had an inclusive manner to address me, often assuming we had a similar understanding about spiritual perspectives.

The participants whose views and practices were a little foreign to me invested time in explaining their stances, like working with the soul (Helen, Ella), with rituals (Jamie) or with a deeper, transpersonal dimension (Effie), to name a few. Often, participants would refer to some of my words and reflections, bringing these back to our conversation. This way of interacting is in keeping with the understanding of meaning making which encompasses the idea that we are not just sharing opinions but giving shape to co-constructed “InterViews,” in the way Kvale addressed them (1996) and which I described in chapter VI (p.146). Such an interactive manner to co-create meaning aligns also with social constructionist views, where meaning making is

understood as a way of being that permeates human interactions and that unfolds continuously as coordinated activities (McNamee & Hosking, 2012). The interviews developed as a collaborative enterprise, where the participants and I seemed to become increasingly attuned to each other, and having a conversation where spiritual matters were addressed, appeared significant for the participant. Independently on whether the clinicians' stories were about the participants' own transpersonal experiences or about client-work including rituals, body-oriented work or other interventions, these seemed meaningful to both the participant and me.

During our conversations I sometimes shared with the participants that I found their stories creative, with depth, surprising or moving. These genuine "supplementary actions" on my side (Gergen, 2006) could be expected to have conveyed that the passed action they were describing had meaning, for both the participant and me, as well as quite possibly for the client in his or her previous interaction with the therapist. In most cases, as the interview situation developed, the participants and I seemed to establish a common focus and a mental closeness that also allowed for what Gergen (2006) addresses as "coordination of utterances" which gave the whole dialogue a quality of intimacy and shared trust. Besides, during the interview, the participants and I seemed to co-create sentences, coordinating our utterances to complete the expression of a common thought, as if we were discovering new meaning together or just re-confirming the spiritual qualities they conveyed in their stories.

As I explained in the previous chapter, all therapists conveyed similar understandings of the word spirituality, as dynamic, universal and fluid, as well as on the flexible ways in which it could be approached. The understanding of spirituality as a quality we all share as human beings was so despite different personal experiences and sources of knowledge among the participants.

A fluid therapeutic identity. The same fluidity that the participants showed when it comes to their spiritual path seemed to characterize their professional choices, which appeared as well as a bricolage where different perspectives and approaches informed their therapeutic views and interventions (Rogers, 2012). The clinicians seemed more inclined towards a sensible and pragmatic orientation in favor of what could be useful to their clients, than towards a particular theoretical orientation. Here too, the boundaries between possible professional expressions seemed flexible and allowed for the integration of explanations and interventions that made sense and felt right for client and therapist, without concerns of whether a particular view or intervention was part of a given theoretical frame. The clinicians' understanding and relevant interventions appeared in keeping with postmodern perspectives distanced from the

exclusivity attached to a particular spiritual orientation, discipline or therapeutic method (Bidwell, 2018, 2016; Kvale, 1996, 1981; Huss, 2018; Hughes, 1996).

OPENNESS TO A SPIRITUALITY WITHIN PSYCHOTHERAPY

*(H)uman personality
is a river that, if navigated to its end,
opens into the ocean of the mystical realm.
Any psychotherapy that explores the deeper regions
of the Human psyche will eventually
come to the brink of this spiritual realm.
(D.N. Elkins, 2009, p. 131)*

All participants were open to a spiritual dimension being part of psychotherapy but were careful to not impose their worldviews on their clients, yet, some participants said they were not concerned about the possible overlapping of boundaries between spiritual guidance and psychotherapy (Flor, Jamie, Helen, Rene). Likewise, some clinicians pointed out similarities and complementarities between spiritual and psychological care, which is in keeping with a tendency towards greater integration and more complementarity between pastoral and mental health care (Bidwell, 2018; Grevbo, 2018; Helmikstøl, 2018).

One participant (Carne) clearly articulated that there are no such borders at all between spirituality and psychotherapy. A question that appears pertinent is: Where are the boundaries between spirituality, existential or religious matters? And on which ideology or theoretical perspective are those boundaries grounded? Until a few years ago, the borders between psychotherapy and spiritual work were expected to be kept well defined, but today, some of those borders may at times be blurred in a constructive, therapeutic way. Carl Gustav Jung (1961, 1966) whose work I discussed in chapter IV, considered a spiritual dimension an integral part of human life and of psychotherapy as well. Similarly, Elkins (2009) whom I quoted at the beginning of this section, shares a view of human life being spiritual in nature, which he metaphorically addresses like a river, with a fluid quality. Elkin's view is similar to that expressed in the Mayan text which I quoted at the very beginning of this dissertation (p.15). Across time and cultures, this is a perspective that seems to be shared by a growing number of contemporary clinicians (Grof, 2000; Miller, 2013, 2010, 2009; Miller & Thoresen, 2003; Pargament, 2007; Vieten & Skammel, 2015; Walach, 2017). Similarly, the generated findings indicate the importance of acknowledging the therapeutic potential of addressing spirituality within clinical encounters when relevant for the client. This is in keeping with scholarly work suggesting that the role of mental health professionals is evolving and expanding into including what in earlier generations was that of the religious leaders, since today many look for a

psychotherapist when searching for guidance about different existential matters as well as spiritual ones (Pargament, 2007; Vieten & Skammel, 2015).

Opening the door to spiritual conversations. Within the theoretical underpinnings of this dissertation, I was not after finding out the assiduity of therapists addressing spiritual matters in therapy. Nevertheless, I had wondered whether there were particular situations that would facilitate a spiritual resonance more than others. The generated findings seem to indicate that a spiritual quality manifested in an unexpected manner, through the engaged interaction between client and therapist, as a result of the intermingling of their subjectivities developing into what Ringstrom (2007) addresses as a co-constructed “relational unconscious”(p.69). These unexpected or “improvisational moments” are seldom addressed within psychotherapy studies, yet they constitute a central aspect of clinical interactions having the potential to bring about change (Ringstrom, 2007; Stern, 2004). In the book *The Present Moment in Psychotherapy and Everyday Life* (Stern, 2004), Stern discusses how the awareness of partaking in a present moment, and the sharing of experiencing a *now moment* facilitates the creation of a new “intersubjective field between the participants that alters their relationship and permits them to take different directions together” (p. 22). These views overlap and complement those I already discussed when addressing the constructs of supplementary actions and coordinated utterances (see pgs.113, 115, 299) which contribute to create a common focus and to facilitate mental closeness within a social interaction (Gergen, 2006). Along the interviews there were several examples of improvisational moments, followed by supplementary actions. For instance, when Helen (page) talked about a client having a powerful experience in session with a “kind of God” (ch. IXp.245), which provided client and therapist with hope of overcoming hazardous challenges, an experience that also appeared as an encounter with the numinosum (Jung, 1961; Corbett, 1996).

Clients’ needs and spiritual interventions. All participants indicated that neither the client’s demand or expectations for therapy nor their background determined whether a spiritually oriented approach was considered. Besides a particular quality or spiritual resonance (Whitney, 2006) emerging during therapy, the client’s openness to spiritual matters was also central when a spiritually sensitive intervention was implemented. No clinician would impose a spiritual oriented intervention if the client did not resonate with it. For instance, Effie, who only worked from a transpersonal perspective grounded in perennial philosophy (Schoch, 2005) asked potential clients to take some time to reflect whether they resonated with her approach. Though there were no specific situations or particular themes that would open the door to spiritual matters, several therapists spoke about clients facing death (Peter, Rene, Flor) or

having gone through extremely traumatic situations (Jamie, Carme, Helen, Petra) as those with whom the participants recalled sharing a spiritual quality in sessions. Other times the clients had had spiritual experiences often with an extraordinary or numinous quality that they discussed with their clinician. These findings are in keeping with scholarly work discussed in chapter V, indicating that many psychotherapy clients would like to discuss spiritual matters with their psychotherapists (Lukoff & Lu, 2009; Nordhelle & Danbolt, 2012; Pargament, 2007; Sulmasy, 2006; Vieten & Skammel, 2015).

Openness and sensitivity towards spirituality. All the participants worked in countries where attending the clients' ethnical, cultural, spiritual and religious diversity within health care is granted by law and at least partially supported by the national insurance system, though a few clinicians worked only in private, non-subsidized practices. However, none of the participants referred to these formalities when addressing their clients' spiritual needs. Instead, they seemed to do so grounded in their understanding that a psychotherapy approach ought to take into account that a person is also a spiritual being. In general, the participants held a holistic perspective due to their interests and experiences and integrated a spiritual perspective in their own lives. This is an important issue illuminated by this study and in keeping with findings from other scholars indicating that the therapists' own interest for and integration of spirituality in his or her own life influences whether spiritual matters are addressed or not (Baetz, Griffin, Bowen, & Marcoux, 2004; Sulmasy, 2006; Hefti, 2013; Florence, 2015).

With few exceptions (Effie, Flor, Celia) the clinicians' way of working did not seem to indicate that there was a pre-established spiritual frame of reference or a particular situation that enabled therapist and client to enter a spiritual territory. Even Pablo, who also was a priest, addressed his clients' issues through the perspective of Narrative therapy, and not with a spiritual intervention. When the client was willing to relate to spiritual matters, therapist and client appeared to co-create and access a space with a spiritual quality due to their openness to a spiritual dimension as well as to the quality of their relationship. The rapport between client and clinician appeared to facilitate their entering an often unspoken, spiritual field of reference. Most participants were already motivated to address spiritual conversations or to provide a spiritual perspective to some of their clients' concerns when appropriate, without worrying whether a spiritual theme belonged to a psychotherapeutic setting or not. These findings are in keeping with research from Australia by Ryan (2007) and New Zealand by Florence (2015) indicating that the therapist's open and including attitude towards spiritual matters enables the client to access spiritually charged experiences in clinical sessions.

The generated findings seem to indicate that neither the therapist's professional training nor other theoretical influences had significance for their sensitivity to address spirituality in clinical encounters. Likewise, the participants' spiritual or secular family background did not appear to influence how they integrated spirituality in their interventions. For instance, Jamie and Helen came respectively from a religious and a secular family, yet they both were interested in shamanic contributions to clinical work. Thom had been an active Roman Catholic until being deeply disappointed by the Roman Catholic church as an adult, while Peter came from a Lutheran country but whose family was not involved in religion. They also had traveled very different professional roads as a psychiatrist and psychologist, yet their way of acknowledging a spiritual dimension in life and in validating their clients' spiritual stances as a resource for healing was quite similar.

Quite often through our dialogues the participants conveyed that the clinician's own spirituality played an important role when it came to opening the door to spiritual conversations with their clients. As I address later in this chapter, the therapists' own integration of a spiritual worldview in their lives, and their genuine openness to address spirituality in psychotherapy seemed to be central to feeling confident to approach spiritual matters in a way that appeared as heuristic and well adapted to what the client was dealing with. These findings are in keeping with studies indicating that therapists who acknowledge religious and spiritual matters in their personal lives appear more comfortable in bringing these themes up in psychotherapy encounters with their clients (Hefti, 2011, 2013; Koenig, Larson, & Mathews, 1996; Koenig, 2013; Souza, 2002; Sulmasy, 2006; Watkins van Asselt & Baldo Senstock, 2009).

Some participants also revealed that clients could be expected to avoid sharing spiritual and existential concerns if the therapists themselves were not able to cope with these matters, and some pointed out that when one's spiritual or existential needs are not acknowledged this can be a source of deep pain. Peter, for instance, thought that one could expect that clinicians who lacked awareness about spiritual or other relevant matters in their own lives might avoid attending their clients' spiritual concerns (ch. X p. 196).

The participants did not ground their spiritually sensitive interventions in any particular faith and kept an open attitude in their clinical approaches, which is in keeping with work by clinicians who address spiritual issues in psychotherapy from a non-religious stance (Levine; 2010; Pargament, 2007, Vieten & Skammel; 2015; Stålsett et al., 2012). There are, however, interventions that integrate spirituality from an ecumenic Christian perspective (Sperry, 2014), while in some integral approaches, clients' God images are assessed in order to later support the developing of a more positive view of God (Sperry, 2014; Stålsett et al., 2012). A few

therapists (Pablo, Kitty, James), shared of inviting clients to reflect upon punishing God images while helping clients to find positive and supporting aspects in their faith and God image. Most participants did not seem to work with God images in their clinical interventions.

Not important to share the client's worldview. The participants did not seem to attach importance to sharing the same spiritual or religious background with their client as long as there were no manifest conflicts. Instead, they would actively explore the role and meaning the client attached to their own spiritual references, supporting and expanding the client's views, a perspective that different scholars have highlighted (Pargament, 2007; Vieten & Skammel, 2015). But the therapist being open to a spiritual dimension in his or her life seemed crucial to be able to address the client's spiritual concerns in a genuine manner. For instance, Peter (ch. IX, p. 197) supported his terminally ill Muslim client to travel to Mecca while Rene (p. 217) introduced his terminally ill client from a Christian family into Buddhist practices to help her stay conscious through death transition as she wished, though against her parents' views and expectations. Instead, Kitty (p. 222) tried to dissuade a suicide prone youngster who opposed family's sect traditions by struggling to develop an alliance with his fundamentalist parents.

Most participants shared their efforts to get acquainted with their clients' worldviews in order to find out what these meant for them and how they could eventually promote growth and healing. For instance, Peter, James and Ella shared how they supported Muslim clients finding valuable tools in their own faith. Pablo helped a woman create a new narrative of a protecting rather than a punitive God while staying true to her faith. In all cases, the therapist would try to explore together with the client which aspects of their traditions were meaningful and helpful and which were not. One of the participants (James, p. 225) introduced the idea that clients from religious families might search for a therapist outside their tradition in order to get an opinion that was conditioned by the same religious views of their families.

When clients struggled due to particularly oppressive sects, as Pablo, Celia, Kitty and James illustrated, most participants seemed comfortable addressing spiritual and religious matters with clients who held different worldviews than themselves. These findings seem to somehow oppose those from Plumb (2011), whose study among Canadian psychotherapists suggests that therapists may feel less comfortable addressing spiritual matters if they did not share their clients' values. Plumb also points out that the therapists' comfort in addressing spiritual themes is not necessarily an indication of competence (Plumb, 2011). Other scholarly work suggests that the psychotherapists' worldviews, intrapersonal experiences as well as transference and countertransference aspects might interfere negatively with how spiritual matters are approached (Frazier & Hansen, 2009; Walker, Gorsuch, & Tan, 2004). In the case

of the participants in this inquiry, the generated findings suggest they were sensitive in initiating appropriate conversations and that they felt comfortable and confident of their skills on the matter. However, I did not ask about possible misunderstandings between client and clinician. In any case, since the information generated during the interviews only had the clinicians' and not the clients' memories and reflections as a source of knowledge, it remains unknown whether the therapist's addressing of spiritual matters was felt as inappropriate by some clients.

The client's worldview as a resource. For all participants the client's expertise and authority on his/her life situation was the central place from where the different matters presented by the client were addressed. These standpoints and attitudes indicate a coordination of meaning among therapist and client as well as the particular social context to which they belong and where they act (McNamee, 2009). Supporting the integrity and the wishes of the client in order to enable his or her own expression of spirituality was central for the therapists.

The participants conveyed a great engagement in helping clients while respecting their personal views but dared to challenge religious perspectives and traditions when these contributed to reduce their clients' life quality. Sometimes I wondered how it was for male therapists who grew up in Western, egalitarian focused societies, to find themselves trying to assist women caught in limiting religious family traditions and to inspire them to stay on their feet. As a woman therapist, I experience such encounters as meaningful and giving, but also very painful, sometimes doubting if my contribution can make a difference. I wished I had invited these male clinicians to share their feelings and personal reflections about these matters.

Addressing the shadow of spirituality. Directly and indirectly, some participants talked about working with clients trapped in negative spiritual and religious views, whether these were traditions within or outside organized religion. Some therapists had clients who were caught up in new spiritual perspectives with so-called gurus who limited the clients' expression and put strains on their life quality (Kitty, Celia, Thom). Other clients seemed to be under the pressure of stern Christian or Muslim family traditions. Common for the participants way of addressing these matters was their wish to support their clients without demeaning their worldviews, while at the same time acknowledging the negative aspects of spiritual and religious views and practices. Respecting the clients' worldviews while at the same time trying to heal psychological, sexual or spiritual abuse by family members and spiritual and religious leaders, represent a challenge for any clinician (Hognestad A., 2012; Samuels, 2004; Zweig, 2017). Yet these matters have deserved little attention, if any, during study programs.

When I finished my graduate studies in 1986, we learned just a bit about child physical maltreatment and virtually nothing about child sexual abuse, which would be increasingly

acknowledged from the '90s. Soon starting the second decennium of the twenty first century, we are overwhelmed every day by the growing numbers of reported sexual abuses within all possible contexts, from family backgrounds and religious or spiritual orientations (Domínguez & Nuñez, 2019). We witness how the adult world, persons in power positions as well as whole organizations, have for generations tried to ignore the sufferings of those abused in the name of spiritual or religious views. In those cases, the betrayal is not only physical or psychological but also harms the victim's deep yearning for a spiritual a communion dimension in their lives (Sawerthal, 2019; Zweig, 2017). For those affected, having a spiritually safe space within psychotherapy can allow them not only to put the abuses they suffered in words but also to create a space where their spiritual longing can be contained.

JUNG INSPIRED UNDERSTANDING.

In this section I explore parallels between the participants' addressing spiritual matters in clinical settings and the work of Carl Gustav Jung (Jung, 1961, 1969). I have already discussed some of Jung's contributions in chapter IV, without intending to make his work a central reference in this dissertation. Yet on a recent holiday, I took Jung's 1961 book *Memories, Dreams, Reflections* as airplane reading. I was immediately mesmerized. Having read some of his work a few years ago, I now found that Jung's journey and practice resonated with much of what the participants had shared even if most of them did not name his work. Reading Jung had the discouraging effect of making me wonder how I could even think of making a contribution in the field of spirituality and psychotherapy and be seriously considered when Jung himself had already thoroughly addressed these themes more than fifty years ago, and his work had been mostly ignored within academia.

Transformative Numinous Experiences. Jung understood the Psyche as primarily religious though not dependent of organized religion, and he considered that the psyche's ultimate goal was a spiritual one (Hoeller, 1982; Jung, 1961). Jung's ideas would be in keeping with what we nowadays may address as spiritual experiences and the psyche's manifestations had a central role in his theories and psychotherapy work (Corbett, 1996; Jung, 1961). Jung also acknowledged the transformative quality of spirituality, particularly that of numinous phenomena, referring to powerful, direct experiences with and of the divine (Jung, 1966; Otto, 1923). Likewise, most therapists (Peter, Carme, Effie, Flor, Petra, Helen, Jamie, Thom, Rene) said that they or their clients had undergone what appeared as numinous experiences, with a transpersonal quality that had a spiritually transformative effect on those involved.

Extraordinary phenomena may often be part of a spiritual experience, to which contemporary authors attach a transformational and healing power (Grof & Grof, 1998; Grof, 2000). Unfortunately, psychology studies and training programs for psychotherapists seldom pay attention to the potential of these types of extraordinary or numinous experiences, which may only remain addressed within specially interested schools of psychotherapy like Jungian or Transcendental circles. Yet, anybody could have an extraordinary or numinous experience irrespective of his or her beliefs and of the worldview of their clinician. It seems therefore important that therapists be prepared to receive their clients' account with an open, nonprejudicial attitude. The participants not only intellectually acknowledged the validity of their clients' experiences, but they are also allowed to resonate with these from a place of inner, implicit knowledge. For instance, Jamie (p.207) talked about a client who had a significant encounter with an angel which, yet he feared being seen as crazy. Petra, Helen and Carme shared similar stories, and they explained it was easy for them to distinguish a psychotic hallucination from a numinous experience. Common to all these participants was their effort to support their client in the validity of their meaningful experiences and to normalize such phenomena, explaining such powerful meetings, either with angels or other manifestations were possible. These therapists appeared as genuinely interested in these matters and had themselves an open, nonjudgmental attitude that often was grounded in their own experiences with a similar quality than that shared by their clients.

Expanded consciousness experiences. During the interviews, different therapists referred to expanded consciousness states they or their clients went through. These appeared similar to what Stanislav Grof (2000) addresses as holotropic states—means moving towards wholeness (Grof & Grof, 1989). Throughout history, mystics from all traditions have acknowledged and described different experiences with what can be described an extraordinary quality that could facilitate the experience of a divine quality, as what I discussed under numinous experiences (Grof, 2000; Jung, 2009, 1969, 1961). According to Grof (2000), in everyday life we only express a limited fraction of our whole potential. Like Jung before him, Grof came to understand that expanded consciousness states have a heuristic quality that can facilitate healing and creativity. However, neither psychiatry, psychology or nor most psychotherapy schools have recognized expanded consciousness phenomena as a resource for healing (Grof & Grof, 1992; Grof, 1998). Only two of the participants referred to the work of Grof (Helen, Rene), but several clinicians shared similar ideas about the positive, wholeness and healing promoting quality of extraordinary or *holotropic* experiences and conveyed the idea

that these kind of experiences were not uncommon in their own lives and in those of their clients (Thom, Effie, Petra, Jamie, Flor, Carme).

Acknowledging the collective unconscious. In their understanding of spirituality, most therapists seem to attach a transcendental quality to spirituality. Some therapists conveyed views that were in keeping with Jung's understanding of a transcendental or collective unconscious that we can contact and receive information from. This was particularly illustrated when the participants referred to practices of soul retrieval, where they accessed a wordless level containing meaningful information for the client. Similarly, other therapists described how they would access relevant information to help their clients on an intuitive level, which appeared as a collective, transpersonal sea of consciousness where meaningful information could be gathered.

Integrating self-acquired knowledge. Most participants in this study have gone through a process of integrating knowledge from varied sources within psychotherapy and spirituality as well as integrating self-acquired knowledge from their own personal experiences on the matter. These findings are also in keeping with Jung's contributions since he was not only certain of there being a spiritual dimension in life, and as a scholar, he actively integrated his self-acquired spiritual knowledge in his theories and clinical approach (Jung, 1961, 1966).

Addressing the soul. Some clinicians said they addressed *the Soul* of their clients, and a few did implement practices aimed to retrieve their client's lost soul parts so their client could be whole again. These views also have parallels with Jung's work and that of his followers, even when not acknowledged by the participants. Among contemporary scholars, Pargament (2007) acknowledges the soul when he refers to Elkins (1995) who states: "Some violations and betrayals...wound so deeply that they can only be called abuses to the soul" (p.91). Pargament (2007) further conveys that certain life hazards, bereavements and aggressions "are perceived as spiritual threats" (p.13).

Addressing the soul within psychotherapy in our times is rare. We would rather have more concrete, and secular, definitions, theory-based interventions, techniques, clear cut diagnoses, often medicines. Pargament (2007) rightly points that independent of their frame of reference, contemporary psychology is "largely a psychology of control" (p.11). But the soul, the psyche, cannot be controlled without causing harm. Instead it can be assisted, though, in its journey by attending its symbolic expressions, as Jung understood it. According to Jung, different activities and reflections could reconnect fragmented self-parts and promote healing. Among these Jung understood that spiritual and religious practices, dream analysis, the study of symbolic work, synchronicities and the practice of art and rituals, might support the psyche

in its individuation process towards wholeness (Jung, 1966; Hoeller, 1982). From Jung's perspective, the interventions implemented by several practitioners fall into an understandable rationale. For instance, Jamie's emphasis on rituals, Helen's soul retrieval practices, Ella's work with somatic experiencing to re-integrate a lost soul, these and other spiritual interventions shared by the practitioners can be understood as aimed to promote psychic healing or wholeness and to facilitate the process of individuation.

It is probable that many possibilities for growth through an encounter with the *numinosum* or with expanded consciousness phenomena, could remain unrecognized due to a lack of awareness on the side of both therapist and client, as Corbett (1996) and Grof (2000) suggest. Besides, the acknowledging of a spiritual quality within psychotherapy might also be jeopardized by mechanistic views and a general disregard for spiritual matters, as well as by increasing demands on effectivity, production and evidence-based interventions. An over focusing on material demands can be expected to take the therapist's attention away from what can be "knocking at the door," awaiting to manifest and bring healing to the client.

Symbols as an expression of the Psyche. Central to the work of Carl Gustav Jung (1961) was the idea that spontaneous symbols appearing in dreams, visualizations or synchronicities are expressions of an individual's imagination and therefore evoke particular aspects of the person who undergoes such experiences (Jung, 1961). As I have referred to here, some participants gave great importance to symbolic work within clinical sessions. For instance, Jamie described a particular synchronicity, when her client experienced a ray of light falling on her, while Helen was attentive to her own dreams where she would get ideas relevant for her life and her clinical practice. Effie would get insights during meditative work that inspired her as a clinician. The hugs clients gave their therapists were likewise filled with symbolism, conveying gratitude and hope. In next chapter I address the relevance of symbols in the therapists' personal lives.

INTEGRATING INTERVENTIONS

Co-creating heuristic, spiritual approaches. The participants discussed implementing different spiritually sensitive approaches and practical interventions which appeared as spontaneously co-created with clients, where the experiencing of a spiritual quality was enabled, though not necessarily its main focus. Some participants implemented body-oriented approaches such as Somatic Experiencing (Ella, Thom, Flor, Jamie) or contemplative practices and awareness training (James, Rene, Carme). These interventions seemed to allow the client

to work with a spiritual dimension in their lives. Several therapists said they were also moved emotionally and physically when working with their clients. In the sections below, I discuss examples of how a spiritual quality was addressed during different interventions. Some participants referred to clients whose confrontation with suffering seemed to have opened the door for spiritual experiences. That seemed the case for those who had undergone torture (Ella, ch. IX, p. 204), abuse or maltreatment (Jamie, Helen) or who faced their imminent death (Peter, Rene) or that of dear ones (Flor). Likewise some therapists shared of being confronted with their own vulnerability due to personal suffering, illness or bereavement (ch. IX: Helen; Kitty; Effie). These clinicians' understanding is in keeping with scholarly work suggesting that undergoing trauma might open one up to experiences with a spiritual character (Levine, 2010 ; 2018; Levine & Phillips, 2012; Maté, 2016; Schoch, 2005).

Body awareness. Several clinicians implemented body-oriented practices, among these *Somatic Experiencing* (Ella, Jamie, Thom, Flor), *Holotropic Breathwork* (Helen, Rene) as well as other forms of body awareness practices (Petra, Line). Time therapy (Schoch, 2005) as described by Effie (p.206) also pays great attention to bodily awareness. Some therapists named *grounding* as a relevant approach, also when spiritual matters were dealt with. The goal of grounding is to aid clients coming into contact with their bodily sensations, as a way of keeping their awareness in the here and now (Levine, 2010, 2018). Grounding is usually done by drawing the attention to the feet and their contact with the ground. It is particularly important for clients who underwent traumatic experiences and dissociation, but it can likewise be relevant for those who undergo a powerful spiritual or numinous experience and could then feel disconnected from their body. Somatic Experiencing, developed by Peter Levine (2010, 2018), stresses the importance of guiding the client into being present in the here and now in order to be grounded back into reality. Levine talks about “growing up” and of “growing down”–or “grounding”–as two complementary aspects of the healing process of trauma-ridden clients, which are also necessary in life (Levine, 2010, 2018).

Aiming to integrate a spiritual dimension in our lives or in clinical work can bring the challenge of becoming disconnected from everyday reality. A way to compensate this tendency is to try stay grounded while pursuing daily chores. Being aware through physical activities, contact with nature and animals, or any other activity where we can remain present, is a simple personal practice that also supports therapeutic work. Interestingly, when asked about their personal practices several participants said that awareness in their present life, conscious eating or contact with animals or nature were an important part of their spiritual life. Considering the participants views on the matter, we could agree that grounding, or “growing down” (Levine,

2018), was seen as an important part of the process of integrating spiritual experiences and deserves to be taken into account as a necessary intervention within a spiritually oriented approach.

Meditation and other contemplative interventions. Several participants referred to meditation as a personal practice, along with staying aware of the present moment in their everyday life. Effie explained a way of working where she guides the client in a kind of contemplative work which I described in chapter XI (p. 213), and that which aims to help the client experience an interconnection with a formless level beyond the material (Schoch, 2005). Rene said that in clinical encounters he would implement Buddhist inspired consciousness expanding practices aimed to send love and light to others like *Tonglen* (Chödrön, 2010). Rene, also talked about supporting a dying client in going through the death process with a clear, awake consciousness, known as *Phowa* in Tibetan Buddhism (Nairn, 2004). The type of interventions Rene described are far from frequent, even if attending the spiritual needs of terminal patients is increasingly being taken into account (Benito, Gomis-Bofill, & Barbero, 2016; Tornøe et al., 2015; Torskenæs, 2017; Sulmasy, 2006). However, giving psychological assistance *through* the death process is not usual, though it could become more extended among specially trained clinicians who are aware on the importance of assisting the dying throughout the process of leaving their worldly life (Cesar, 2013; Fenwick, 1995; Myskja, 2008). Brazilian, and Buddhist, psychologist Bel Cesar (2013) wrote *Morrer nao se improvisa* (translated as *Dying cannot be improvised*) a moving book dealing precisely about assisting terminal patients in their preparation to their final journey particularly by daring to address their thoughts and reflections about death (Cesar, 2013).

Having some acquaintance with demanding Buddhist practices of consciousness transmission, I was positively impressed about the skills Rene conveyed with such freshness and spontaneity, when talking about his work. Recent research by Fenwick, Di Bernardi Lu, Ioannides, & Bhaacharya (2019), as well as previous studies by Dotta, Saroka, & Persinger, (2012) seem to indicate that spiritual practices involving consciousness or light transmission may have a physical fundament. Scientific studies by Dotta, Saroka and Persinger (2012) and Fenwick et al. (2019) coincide in their suggesting that light may be generated around the head of a meditating person. Likewise, this light seems to be sent and received by another, a practice that is relatively frequent among advanced meditation teachers and their students (Dotta, 2012; Fenwick, 2019). The possibilities emanating from these perspectives are vast, and may put in question much of our knowledge within psychotherapy, for instance, when it comes to therapeutic alliance. Such findings on light transmission could suggest that even when not being

an advanced meditation teacher, the therapist could in some occasions also be sending some kind of light or consciousness to her or his clients in the form of compassionate love. Dotta's and Fenwick's work seem to suggest that new areas of research are awaiting us, if we dare to take a non-materialistic perspective in future psychology and psychotherapy studies (Beauregard et al., 2014; Grof, 2000; Walach, 2018).

Integrating shamanic views and approaches: Entering expanded states of consciousness is a common practice in shamanic traditions as well as in meditative practices within Buddhism and Hinduism laying at the ground of mindfulness meditation (Sheldrake, 2017). As I explained in chapter IX, four therapists included a shamanic perspective in their understanding of spirituality as well as on some of their interventions. For instance, Helen, Jamie, Rene and Petra said they consciously applied shamanic knowledge to enter a meditative state through drumming, rituals or other approaches. Mircea Eliade addresses these practices as shamanic “techniques of religious ecstasy” aimed to gain access to information that could help the client (Eliade, 1964, p. 4). I was surprised when participants conveyed these unusual understandings and approaches, yet I wanted to be receptive without being intrusive, allowing for their stories to develop.

Shamanic oriented therapists talked about contact with helping spirits and explained soul retrieval practices. Four clinicians (Thom, Ella, Flor and Jamie) also implemented Somatic Experiencing (Levine, 2010, 2018), a psychotherapy approach to trauma that integrates contemporary knowledge neurobiology, body work, as well as shamanic perspectives which sometimes also includes retrieving lost soul parts. Common for participants implementing Somatic Experiencing and for those using shamanic practices, was a similar understanding of psychological healing, that enabled a pragmatic integration of spiritual perspectives in their clinical work. spiritual

ADDRESSING NEW SPIRITUAL EXPRESSIONS

Even if most participants showed an open and nonjudgmental attitude to different phenomena the clients would share, as contact with angels and spirits, transpersonal dreams, past life experiences, inspiration from spiritual cards and the like a few therapists conveyed a concern for what they understood as New Age milieus where charismatic persons would call themselves spiritual and end up manipulating their followers (Thom, Kitty, Celia). One therapist dismissed a “new” understanding of spirituality which he associated with physical comfort (Peter, p.183). Most participants though, seemed open to different impulses from new spiritualities in their clients' and in their own life which could be understood as an acceptance

of ideas and traditions identified as *new religiosities*, or New Age views and practices (Hanegraaff, 1996; Hognestad, 2015; Kraft, 2011; Laugerud, 2012; Sheldrake, 2017).

As I discussed in the chapter III, different contemporary Christian theologians acknowledge a constructive potential in new spiritual perspectives and expressions (Fox, 2018; Hognestad H., 2015; Laugerud, 2012). Some, like Mathew Fox and Helge Hognestad, also recognize themselves as panentheistic, seeing God in everything, without finding a controversy with being ordained Christian priests (Fox, 2018; Hognestad, 2015). It is my impression that this perspective was shared by several participants who directly or indirectly expressed the importance of our contact with and care for Nature (Thom, Rene, Flor, Jamie, Petra, Ella and Celia). A few participants also stressed that the needs of animals should also be recognized and honored, while conveying in different ways our kinship with them. For instance, Celia talked about how young people in the UK gather to show compassion to animals in slaughterhouses, sending them love and offering water before they were taken away. Thom highlighted the work done by Greenpeace, which he saw as a spiritual endeavor, while Ella told of her contact with animals as part of her spiritual practice. In their stories, the participants showed affinity with panentheistic ideas acknowledging a sacred quality to all creation, as well as with those conveyed by Ecopsychology movements (Fox, 2018; Metzner, 1999). These and other findings support the idea that for several participants, spirituality included an acknowledging of our connection with Nature in general, and with animal realms in particular, not only as an idea or value, but as a practical engagement and commitment to enable worthy life conditions to our small “feathered and furred siblings,” to put it in shamanic wording (Villoldo, 2000).

Trust in their own competencies. The interviewed therapists showed an expertise that seemed to be grounded and supported in their lifelong integration of diverse spiritual experiences and practices—from consciousness practices like meditation and preparation to death, shamanic rituals, contact with spirit guides or commitment to Roman Catholic faith, to name a few. The way in which the participants’ personal knowledge was integrated, resonates with scholarly work stressing the importance of the clinician having psychotherapy skills as well as a personal integration of spirituality when approaching spiritual matters in clinical work (Pargament 2007; Sperry, 2009; Vieten & Skammel, 2015).

The generated findings discussed in chapter XI, also showed that all the participants trusted their own capacity to address diverse and painful experiences in their client’s lives. Intuitively, through their personal experience as well as through their professional expertise, the participants seemed to have found it appropriate to implement clinical practices with a holistic perspective that also addressed spiritual matters. Though the therapists did not refer to

research in this area, their positioning and interventions were in keeping with Sperry's idea of a "bio-psycho-socio-spiritual model" a holistic perspective that includes spiritual matters in psychotherapy and that has also been addressed by other scholars (Hefti, 2013; Pargament, 2007; Sperry, 2009; Sulmasy, 2006). The generated data also suggests that many of the participants' clients were motivated and open to address a deeper, spiritual dimension in their lives. When this motivation was acknowledged by their clinicians, it seemed to contribute to promoting healing and wholeness in their lives. It is possible that if the clinician had excluded a spiritual perspective, this would have resulted in a more limited psychotherapeutic intervention. Instead, by bringing a spiritual approach, a wider, more inclusive and even transcendental perspective was integrated from where therapist and client could co-create meaning together. Ella's example (p.212) on how she supported a severely traumatized client to start a healing process with Somatic Experiencing and her responding to her client's contacting his soul, illustrates her therapeutic capacity and deep trust in the client's openness in finding his way towards healing, giving space for a spiritual perspective in their collaboration. Similarly, Effie's approach (p.214), aimed to reach contact with a deeper layer of consciousness beyond the material, illustrated how being grounded on professional skills and a spiritual worldview, facilitated entering a territory with a spiritual and healing potential.

All participants conveyed the importance of staying present with their traumatized client, and illustrated how they were also moved by those meetings. Such compassionate attitudes seemed basic expectations to health care providers, representing ideals most clinicians have at the start of their careers. However, care and compassion might be jeopardized when health care providers are burdened by increasing demands within the health care system, with more clients to treat, several reports to deliver, less humane perspectives on clients' situation, along with increasing demands on working conditions. Tibetan lama Chokyi Nyima Rinpoche and medical doctor David Schlim (2004), in their book *Medicine and Compassion. A Tibetan Lamas Guidance for Caregivers* suggests that health care providers can become less sensitive if addressing their clients suffering becomes a routine, and they point out that the "acute sense of caring about how the patient feels wears off as time passes" (p. 139). Nyima Rinpoche and Schlim suggest practices to generate compassion and patience towards the suffering client and the particular conditions that not always can be improved as much as the client and the helper would wish. They stress the importance for the health care provider to also generate compassion, patience and acceptance towards him or her, as well as towards the practical working conditions, in order to avoid a hardening attitude. Avoiding self-doubt and acknowledging one does as good as humanly and professionally possible can be a simple

though necessary step towards self-compassion, in itself a spiritual attitude, while in turn, the therapist's personal work may aid the client to experience self-compassion and self-acceptance (Nyima Rinpoche & Shlim, 2004).

Spirituality and Therapeutic alliance. The rapport between therapist and client, is conceptualized as therapeutic alliance, and refers to the quality of the mutual collaboration between therapist and client which has an impact on the developing of psychotherapy process. The therapeutic work-alliance is consolidated through mutual agreement on therapy goals and on the form of intervention (Bordin, 1994; Horvath et al., 2011). As such, therapeutic alliance is given a central place in most psychotherapy approaches (Ardito & Rabellino, 2011; Horvath et al., 2011; Priebe & McCabe, 2008). The spiritually sensitive interventions applied by each participant appeared as finely tuned to the client's spiritual frame of reference and to the theme in focus at the time of consultation. As I have discussed here, the participants gave special attention to their clients' perspectives, and when possible they stimulated clients to make use of the resources available in their spiritual worldviews and traditions. While some therapists introduced rituals, suggested readings or other spiritual practices, they only did so as long as there was a mutual understanding of the value of these interventions for the particular client.

A good therapeutic alliance emerges between client and therapist when there is mutual respect, trust and appreciation for each other (Bordin, 1994; Horvath et al. 2011). Several studies indicate that interpersonal processes in the relationship and communication between psychotherapist and client have a direct effect on the therapy outcome and may therefore "be seen as therapy in itself" (Priebe & McCabe, 2008, p. 521). Though clients were not interviewed, there were indications of there being a positive rapport between the participants and their clients, where a spiritual perspective played an important role.

As I also have discussed here, the participants reported an integration of different therapeutic approaches with a humanistic perspective. Most clinicians considered symptoms not primarily a sign of psychopathology, but rather an expression of distress that also held potentials for transformation, personal growth and improved life quality. A clinician's capacity to build up a positive therapeutic alliance has been shown to be more important than the therapeutic approach when it comes to determining therapeutic outcomes and constructive processes (Norcross, 2011; Wampold, 2001). The generated findings could therefore suggest that the clinicians' acknowledging of a spiritual quality and their addressing clients in a holistic manner might have contributed to a constructive development of the therapy process. Studies focusing about attending spirituality in clinical settings suggest that the therapists' validation of their clients' spiritual interests, as well as the integration of spiritually related themes in

therapeutic encounters, can help establish a constructive therapeutic alliance, and contribute to a positive psychotherapy outcome with clients concerned about spirituality (Callahan, 2015; Gockel, 2011; Pargament, 2014). Scholarly work also suggests that for many clients, psychotherapy is a form of spiritual work since it emphasizes meaning making, self-reflection and coming to terms with the hazards of life, making peace with oneself and others, as well pursuing an overall improvement of life quality (Callahan, 2015; Scott Carson, 2013).

Most participants conveyed great satisfaction with their work, which might also be an expression of a good rapport with clients and of a positive outcome in at least most of their many therapeutic processes. As I have pointed out here, the participants also appeared comfortable and skillful when addressing spirituality in sessions, and seemed to have done so in a spontaneous, respectful and well-integrated manner; however, due to the theoretical underpinnings of this dissertation, this was not evaluated nor measured with a particular assessing tool.

A convergence with postmodern psychotherapy approaches. Through their engaged listening and participation, the therapists contributed in creating what scholars grounded in social constructionist views address as a nonjudgmental space, where new ideas and actions can be generated, while researcher and participants are accountable to each other (Mc Namee, 2009). In the same manner, the participants and myself were active in co-creating our interactions and in the generation of the knowledge discussed here. However, previously said, the participants did not acknowledge being informed by social constructionist views.

The participants' open minded and non-judgmental views, and their reflexivity when considering how their limitations and skills could intersect with their clients' presented problems, also resonate with a relational, postmodern ethic centered in the process that the client is going through and the capacity to positively transform significant circumstances in his or her life (Gergen, 2006; McNamee, 2009). Moreover, within a constructionist psychotherapy approach, as well as in humanist perspectives, the interaction between client and therapist is given a central place, and the therapeutic dialogues are focused on values, strengths, potentials and possibilities (McNamee, 2009). Many social constructionist views were present in the way in which the participants addressed their clients, as well as in their interventions and reflections.

The data generated through the conversations with the participants support the idea that it is by acknowledging the ground of our shared spirituality, independently of our worldviews, that we can create meaning in our spiritual conversations with our clients. Keeping us "outside" as an observer without the same spiritual qualities and interests while attempting to be neutral to what is only happening to "the other," deprives us from the opportunity to address spirituality

from our common humanity. From a social construction perspective, meaning is co-created through coordinated actions, suggesting that within clinical settings meaning about spirituality is also co-created through a collaborative process of communication between therapist and client (Gergen, 2006; McNamee, 2009).

Spiritually oriented psychotherapy as “a form of life.” Several participants conveyed coming from different traditions within psychotherapy some years back, whereas now they showed a plurality of therapeutic interventions and theoretical perspectives. These multiple voices seemed to integrate in a manner that aligns well with postmodern views, even if the participants would not overtly position themselves within such a stance. This also brings us to the idea that psychotherapy work with a spiritual quality could be understood as a *form of life* in the sense referred to by Wittgenstein (1953,a) and which I already discussed (see for instance pgs.21,108-112, 264-265) and to which I refer to throughout this inquiry. The participants and I shared a taken for granted frame of reference or *form of life* that acknowledged a spiritual quality in clinical encounters, and which influenced them professionally and personally.

In the next chapter I discuss some of the ways in which the participants integrated spirituality in their personal and professional lives.

CHAPTER XIII: DISCUSSION- INTEGRATING SPIRITUALITY
AND CRITICAL REMARKS

EXPERIENCING AND INTEGRATING SPIRITUALITY

Direct experiences with Spirit. Through the dialogues several participants talked about having undergone different forms of direct contact with a spiritual dimension. Some clinicians conveyed they could sense energies or perceive beings (Jamie, Ella, Carme; Helen, Rene, Petra), and some had powerful numinous experiences in their childhood and youth. Ella had experienced that Jesus materialized and healed her, while Thom had a numinous experience under a period of great stress. Flor, Rene and Peter are fond of travelling and described experiences with a numinous quality in different places they visited. Other participants said they sometimes received information spontaneously and intuitively or felt as if something talked through them (Rene, Helen, Petra), and some would contact spirit guides and receive their advice when needed (Helen, Jamie). Without having such extraordinary experiences, other therapists talked about a spiritual quality manifesting in their lives in times of deep suffering. For instance, Kitty said she was comforted by holding the rosary in which her father found protection during WWII (ch.VI, p.142), while Effie found guidance and support under bereavement through deep meditation, which helped her access new ways of helping others (p.253).

Though the participants conveyed that direct spiritual experiences were an important part of their spirituality, a personal, direct contact with a spiritual dimension has had little attention within scholarly work about spirituality and mental health and as a source of relevant knowledge. When reflecting how the science of the future should develop, Walach (2018) suggests that the study of self-experienced phenomena through introspective psychology ought to be given a place (p. 3). Acknowledging spirituality demands the validation of personal experience and of the accounts on transpersonal states, like numinous or transcendental experiences and manifestations (Corbett, 1996; Jung, 2009, 1968, 1961). Though introspective psychological methods of knowing were, and still are, acknowledged by different spiritual traditions (Fox, 2018; Sheldrake, 2017; Walach, 2018), in our materialistic societies, quantifiable phenomena are given priority over qualitative aspects of reality, even within “spirituality related research” (Walach, 2017, 2015). The kind of personal, spiritual experiences the participants shared here can therefore only be validated within a post-materialistic paradigm of science (Beauregard et al., 2014; Sheldrake, 2016; Walach, 2018, 2017).

Ancient knowledge, mystics from different traditions as well as contemporary scholars have acknowledged that the intimate and transformative quality of spiritual experiences can bring personal growth and transformation (Hognestad, 1997; Jung, 2009, 1968; Sheldrake,

2017, 2018). In chapters III, and XV, I discussed scholarly work suggesting that experiencing wonder, and a connection with other living beings, Nature and the entire Cosmos, can bring about transformative epiphanies (Carr, 2008; Hirsh, Walberg, & Peterson, 2013; Sheldrake, 2017; Tarnas, 2007; Vieten & Skammel, 2015). Whether a spiritual experience takes place through participation in rituals, prayer, contemplation or chanting within a particular tradition or not, it might touch us in a deep personal manner (Pargament, 2007; Sheldrake, 2018, 2017). Diverse rituals or symbols may represent a sacred quality belonging to a particular tradition, yet experiencing Spirit always take place within the individual (Tacey, 2004).

Independently of how a spiritual experience takes place, or the context in which it develops, it still may be interpreted from the perspective of a given worldview and from the standpoint of the individual undergoing the experience (Walach, 2017). A central contribution from Jung (2009, 1968, 1961), is the idea that spontaneous symbols appearing in dreams, visualizations or synchronicities are expressions of an individual's imagination and therefore evoke particular aspects of the person who undergoes such experiences (Grof, 2000; Hognestad, 1997; Jung, 1961), though such symbolic expressions might also be part of a particular tradition.

In chapter I, I explained that I had expected that spiritual contents in psychotherapy sessions would have an impact on the participants. And, in chapter IX, I illustrated how the participants conveyed stories of moving, numinous experiences undergone by clients and themselves. Most therapists said they had gone through what can be understood as experiences of awe, in the sense of an expansion of the usual range of consciousness functioning (James, 1936) which I addressed in the chapter II and in chapter XIV. Recent scholarly work suggests that experiencing awe may expand the perception of time and space, facilitate wellbeing as well as promote altruism and patience (Rudd, Vohs, & Aaker, 2012). Similarly, in their clinical encounters the participant therapists were often impacted by the spiritual quality of a session, and often a moving quality of their narratives cannot be easily described in words. For instance, Helen's account of her retrieving the soul of one of her clients and that of another client experiencing a numinous event in session are examples of moving and transformative experiences shared by client and therapist. Likewise, Jamie's client feeling awe and a sacred quality when a ray of light illuminated her was an experience that seemed to have moved the client and the therapist as well. Peter also described a moving story of a young Muslim woman who had been sexually traumatized and who gave him a hug with genuine trust and gratitude after accomplishing a healing therapy. Such cases illustrate that both client and therapist

appeared to be transformed by powerful experiences with a sacred quality. The transformative and healing potential of spiritual experiences lies in the way in which these are able to move an individual in a personal and deep manner. This perspective has been central to the work of different scholars from the beginning of last century, including Richard Bucke (1905), William James (1936) and Carl Gustav Jung (1966) who acknowledged the potential for psychological healing and personal growth within spiritual experiences. In more contemporary times we find a growing interest in these matters, with contributions by transpersonal psychiatrist Stanislav Grof (2000, 1998), and the work of clinical psychologists with different orientations (Pargament, 2007; Levine, 2010; Stålsett et al., 2012; Vieten & Skammel, 2015; Walach, 2015).

Witnessing their client's suffering as well as their healing process into recovering was often described as having a spiritual quality. Like when Ella talked about the man who she assisted in recovering his soul or the stories of many other therapists (Carme, Effie, Flor, Petra, Thom) whose clients underwent serious difficulties and yet managed to improve their quality of life. Even if many of these therapeutic encounters were not particularly seen as addressing spiritual themes, they seemed to have had a profound and spiritual impact on the therapists. These findings are in keeping with research among psychotherapists suggesting that intense interpersonal experiences have a stronger impact on therapists than knowledge obtained through theories and research (Skovholt & Rønnestad, 1992). So, I dare suggest that the participants may have undergone some kind of positive transformation when moved by emotionally and spiritually charged encounters.

The participants' personal practices. Most participants referred to an array of spiritual practices that helped them connect with a spiritual dimension in their lives, which also seemed to have been integrated in a dynamic, bricolage manner (Rogers, 2012). With the exception of Pablo who followed the Roman Catholic liturgy as an ordained priest, the other participants integrated different traditions and practices which included prayer, contact with Nature, conscious living and eating, meditation, working with their dreams, holotropic breathwork and shamanic practices. Some participants described trips with a pilgrimage quality aimed to discover something about a particular place, and "about oneself" through being exposed to a different human, cultural and geographical landscape. Pilgrimage in itself is a kind of spiritual practice (Sheldrake, 2017) and the kind of meaningful journeys the participants referred to appeared characterized by awareness and openness that seemed to give place to wonder and gratitude, and in some cases enable spiritual or transpersonal experiences.

Several therapists said they felt supported by their spirituality in their work with clients, either in a direct way, when receiving “supervision” and guidance from spirit guides, through dreams or numinous experiences (Jamie, Petra, Helen), or when getting inspiration from their own personal contemplative practices (Flor, Effie, Rene). Other therapists would highlight that they came in contact with a spiritual dimension by living their lives in a conscious way, through contact with nature and life itself (Ella, Kitty, Line, Thom). These findings parallel those of a phenomenological study among nine therapists in the USA by Carney (2007) who described being guided by a higher or spiritual power when working with clients, while some also experienced themselves talking to clients as if they were channeling, something a few of the participants in this inquiry also reported (Rene, Petra, Helen).

The way in which the participants integrated spirituality in their lives seemed to facilitate them meeting their clients’ suffering and to support their journey of transformation and growth. The therapists’ spiritual views and personal practices could also be understood as a factor of protection to burnout in spite of the challenges in their clients’ life situation as well as when facing demanding structural conditions (Coaston, 2017). In fact, most therapists conveyed great joy in their work, felt energized at the end of the day and were happy to help clients become whole again.

Personal, professional and spiritual wisdom. The participants appeared as having integrated in practice what is addressed as “therapeutic wisdom” in the form of contextualized knowledge wherefrom insights are generated to be addressed later in clinical settings (Micker & Staudinger, 2009; Råbu, Moltu, Binder, & McLeod, 2016). It is important to note that I was not deductively looking for indications of therapeutic wisdom before the interviews were analyzed and re-presented in the Findings chapter. Yet, as I developed this discussion chapter, I became aware of a qualitative study about professional wisdom among twelve senior psychotherapists in Norway by Råbu and co-workers and their article on the matter became a key reference (Råbu & McLeod, 2018).

Wisdom is defined as knowledge to address “the fundamental pragmatics of life” (Staudinger, 2008, p. 112) and to meet the challenges of life so that oneself and others can improve the quality of their lives. Råbu and McLeod (2018) characterize wisdom as “a complex, multi-faceted phenomenon that is central to the way in which people make sense of relationships and individuals” (p. 2). These authors suggest that several sources may contribute to psychotherapists’ professional wisdom, including life experience, personal psychotherapy, theoretical knowledge, supervision and professional experience (Råbu & McLeod, 2018). Wise or “exceptional” psychotherapists are characterized by an “openness to feedback and learning,

willingness to learn from life experience, professional self-doubt, highly developed interpersonal skills, and attention to work-life balance” (Råbu & McLeod, p. 3). Most of these characteristics also describe the attitudes conveyed by most participants in this inquiry.

Professional wisdom has been acknowledged a central role in psychotherapy work, and different studies suggest that many therapists report feeling wiser with time (Orlinsky, 2000; Rønnestad & Skovholt, 2013; Råbu & McLeod, 2018). Yet, spiritual wisdom has not been revealed among qualities clinicians would recognize they have achieved or developed through time. Not surprisingly, the relevance of the therapists’ spirituality as an integral part of their professional wisdom is only acknowledged within specific literature addressing spirituality in clinical work (Pargament, 2007; Vieten & Skammel, 2015).

Professional work and personal satisfaction. All participants conveyed satisfaction related to their work, and some expressed gratitude and deep joy, particularly when referring to a spiritual dimension in their clients’ journey to wholeness. Spiritual themes in clinical practices seemed to have influenced therapists personally and professionally, as reflected by their stories. Several participants shared an understanding of the nature of psychological suffering, as well as on the importance of a spiritual dimension within the healing process, which seemed to add a deeper, shared quality in their relation to the involved clients.

Therapeutic abstinence vs. transparency and self-disclosure. One of the things I wondered about was whether the therapists would share their worldview in clinical settings. The generated findings seem to indicate that when participants chose to disclose their personal views, it was done with the intention to be transparent and without intending to convince clients to adopt their clinicians’ spiritual perspectives. Disclosure of spiritual views was done as a possible way to enrich some aspects of the client’s lives when they seemed to resonate with the views shared by the therapist. In other words, disclosure seemed always to be done with discernment, and in a *judicious* manner (Rachman, 1998). Yet, as therapists we may not always be aware of how our values, attitudes, desires and spiritual views might be continuously influencing our work and our clients (Plumb, 2011). As I previously discussed, traditionally psychodynamic psychotherapists were—and are still—expected to keep a “neutral” stance when it comes to religious or spiritual matters (Freud, 1915; Pargament, 2007). Within most psychotherapy schools, clinicians have been expected not to share personal information, nor to gratify clients by answering questions about personal matters or worldviews. Though keeping some reservation about the therapist’s private life is still expected, there has been a development towards a more egalitarian and co-participative relation between therapist and client. Particularly within relational psychotherapy, the clinician is expected to represent him or

herself, in a more genuine, transparent manner, and self-disclose personal experiences, views or reflections in order to promote relational growth in the client (Renik, 1995; Tanner, 2017; Tantillo, 2004).

Authors addressing disclosures within psychotherapy, convey viewpoints that are relevant when therapists consider sharing their personal worldviews with clients. For instance, Farber (2006) stresses that disclosures should always “reflect decisions about the boundaries between our private self and the outer world” (p. 1). The participants’ disclosing their spiritual views and practices seemed in keeping with Farber’s views, as well as with work by Danielle Tanner (2017) who emphasizes that therapeutic disclosure implies a boundary crossing and should always be compassionate and clinically appropriate and never a transgression (Tanner, 2017). The expectation of therapists to be completely neutral and objective appears as an inheritance from the Enlightenment period, grounded on positivist views which have been contested by postmodern and social constructionist perspectives (McNamee & Hosking, 2012), as well as by post materialist views (Walach, 2018, 2015) underpinning this dissertation.

Some studies suggest that it may be important for therapist and client to share a common spiritual background in order for a constructive therapeutic process to take place (Plumb, 2011). The generated findings contest such a conclusion since all clinicians seemed comfortable working with clients with diverse worldviews, though they acknowledged challenges when the client’s tradition or worldview were part of the problem.

Views on psychopathology. The spiritual frame of reference and humanistic perspectives of the participants, seemed to have influenced their constructive views on psychopathology, diagnosis and interventions focused on their clients’ personal growth. Several participants said that psychological challenges also included potentials and qualities that could unfold in a constructive manner during the therapy process. For Effie the presented problem or “weakness”, (ch. IX, p.207) contained a quality with the potential to promote healing in a client’s life. While Thom (p. 228) understood psychopathology as a conditioned reaction to overwhelming life circumstances, a view shared also by other participants who addressed symptoms as symbols which meaning needed to be understood instead of being ignored and silenced with medicines. Though this is a perspective addressed by contemporary clinicians (Grof, 2000; Woodmann, 1982) it also brings us back to the work of Jung (1961, 1969), already discussed here, and his understanding that symptoms have a symbolic quality and can therefore have a transformative and healing potential if their “message” is acknowledge and understood (Hognestad, 1997; Woodmann, 1982)

Several therapists also said the idea that healing might be enabled through the exercise of being present in one's own life. Instead of focusing on diagnoses, possible pathologies or unwanted symptoms, several therapists held an approach that appeared humane and even spiritual, by questioning: *Why is this problem here? What is its message? What is this symptom trying to say?* Several clinicians exemplified how symptoms could gain new meaning and involve a healing possibility when addressed from different approaches the participants developed in collaboration with their clients, either these were narrative interventions (Pablo, Rene, Peter, Petra), inviting rituals (Jamie), working with the soul (Helen, Ella), body work (Thom, Ella, Jamie)—or hugs (Peter, Carme).

Some participants conveyed critical views on the growing medicalization of mental health care, stressing the need to see clients as whole people and not just as someone afflicted by psychological disturbances, since the reasons behind similar symptoms could be many and vary in each case. These perspectives seemed to be in conflict with so called “therapy packages”²¹ implemented within mental health care, where clients with similar diagnosis are given a standardized therapeutic approach and the same number of therapy sessions (Haugland & Sjølie, 2018; Helsedirektoratet, 2017). Some clinicians said there are few opportunities to acknowledge the intrinsic features of a constructive healing approach within a healthcare model that focuses primarily on productivity, effectivity, and overall financial aspects in the detriment of co-creating meaning and promoting healing. These are also concerns risen by scholars pointing out that much of the contemporary approach to health is grounded on reductionist views (Withaker, 2002; Friberg, 2015; Gergen, 2006), and by those advocating for holistic perspectives that include a spiritual dimension in human life (Koenig, 2012; McGilchrist, 2009; Nyima & Schlim, 2004; Sulmasy, 2006). In their dialogues, the participants stressed that clients have to also be seen as spiritual beings, and some shared concerns since spirituality is seldom addressed within mental health care. The generated findings support the idea that a spiritual dimension in human life has been given little attention in mental health care. Similarly, the participants seem to support the view that as a profession, we ought to acknowledge the relevance of spirituality and its manifold expressions, as well as the different ways in which it can be approached in clinical sessions.

A lonely path: few “spiritually-minded” colleagues. Throughout their careers, psychotherapists are expected to participate in professional networks, particularly during their

²¹ “packages” refer here to “pakkeforløp” a tailored mental health intervention including several instances and where the client has an active role following a plan and evaluating it throughout the process (Haugland & Sjølie, 2018; Helsedirektoratet, 2017).

younger years as trainees, but also later in their professional life. In the process of becoming psychotherapists, most trainees participate in hierarchical organizations where more experienced therapists pass on knowledge to less experienced colleagues through teachings and supervision (Lave & Wenger, 1991; Råbu & McLeod, 2018). I therefore wondered if the participants had other colleagues in their psychotherapy network with whom they could discuss the intersection of spiritual matters with clinical work. Though well accomplished when it came to their therapeutic qualifications, few of the participants reported having other colleagues with whom they could discuss spiritual matters in general and more specifically the integration of spirituality in clinical settings. Yet, they seemed to accept that not having a professional network to share their spiritual interests was part of their path and they had to traverse it on their own. After concluding the interviews, the participants expressed satisfaction for having shared their spiritual experiences and reflections in our conversation, and some suggested that our dialogue was even more valuable since they seldom spoke about these matters with other colleagues. However, since spirituality is grounded in a deep, personal experience, the participants appeared to have come to terms with the lack of like-minded, spiritual colleagues, and they all seemed to trust their own path.

Returned Therapeutae? The participants discussed approaching the integration of spirituality in clinical work as a solitary pursuit while trusting their knowledge as well as an inner guidance, often without the company of other similarly minded colleagues. Their solitary and deep work tempted me to compare these clinicians with the first *Therapeutae* living two thousand years ago in the desert of Alexandria, Egypt and which I discussed in chapter IV (p. 59). Philo of Alexandria described the *therapeutae* and *therapeutrides* as ascetic monastics serving sacred laws of the "living God" and instructed by Nature (Philo, 2018). Philo also writes that they assisted the sick while behaving as filled with "heavenly love" and enthusiasm, committed to bringing light to the soul of those who were "blind" from being unable to "see" the real cause of their ailments (Philo, 2018).

I include this historical association since, history, stories and myths may inspire us when pursuing our healing professions in a time when, due to over-focusing on the material aspects of life and mental health, we have detached from ancient knowledge, becoming deprived from illuminating metaphors that could aid us in our daily journey as humans and psychotherapists as well (Altfeld & Diggs, 2019). And it is my impression that, like the first *therapeutae*, the participants in this inquiry showed a capacity to pursue their healing art in solitude and in the barren, *desertic* areas of mental health services lacking any nourishing from spiritual sources. Besides, the participants conveyed great joy for being able to unfold their work and to bring

hope and light to other human beings. Like their predecessors two thousand years before, all the participants seemed indeed worthy of carrying the name of *psychotherapists*.

CRITICAL PERSPECTIVES AND POWER ISSUES

In chapter V, I brought the attention to issues of power that affect dominant structures and discourses within mental health care. Now in this section, grounded on the dialogues with the clinicians interviewed, I return to bring a critical light to issues of power that can influence whether certain themes are considered appropriate or worthy to be discussed in therapy sessions. Once more, the idea of bricolage as a method within social research seems useful, since it challenges the limitations of traditional views in qualitative research. According to Rogers (2012) a bricoleur understands not only the complexity of a given phenomenon but also adopts a critical position when addressing issues of power imbalance and social injustice lying at the ground of “oppression perpetrated through traditional meaning-making practices” (p. 5). Within such a perspective, several questions could arise, like: Whose dominating discourse determines whether spirituality is taken into account or excluded from clinical conversations?

Similarly, we could ask: What are the reasons lying behind the exchange of the word *spirituality* for other, more potable views within academia as *existential matters*, or by *religiosity* which may be more accepted within religious worldviews? It is my impression that by excluding spirituality from scholarly work, we are also denying a construct that a growing number of people in Western societies seems to relate well to, and which seems to have a meaning in their lives (Bidwell, 2016, 2018; Pargament, 2007; Sheldrake, 2017, 2018, Robinson, 2018; Vieten & Skammel, 2015). I do not agree with Tacey (2004) who suggests that we are transitory journeying through a separation of religion and spirituality, and that we will eventually come back to our *original* religions and traditions. I think instead that, as Bidwell (2016, 2018) points out, we live through times where spiritual identities are fluid, developing and integrating in manifold ways. To expect each of us to go back to the religion of our ancestors might not be possible for those of us who come from secular or spiritually “mixed” contexts, and who acknowledge a transcendental or sacred dimension in life which is influenced by many encounters with spiritual traditions. Expecting each person to keep her or his *religious* belonging, identify with one racial origin or with one of only two sexual identities is no longer possible in our postmodern times. Yet we witness that within certain political and religious networks there are those who uphold such unitarian ideas. The generated findings in this dissertation indicate instead that like their clients, these Western European psychotherapists understood spirituality as *non-confessional* and as a dynamically developing human quality.

Another issue to question is related to: *How could boundaries between spiritual work and psychotherapy work be upheld and on which premises?* In an increasingly materialist and meaningless world focused on productivity and with mechanist views of human life and its products, human beings suffer (Friberg, 2015). And that suffering is often expressed through wordless expressions we call symptoms which we then organize under categories or diagnoses. For some clients, estranged or not from a spiritual tradition, attending psychotherapy could imply their hope to recover a lost connection with themselves. We live in societies and are part of systems that alienate us from each other and from our own souls (Fox, 2018; Jung, 2009, 1968, 1966, 1961; Robinson, 2018; Sheldrake, 2018, 2017). The generated findings suggest that the participants made themselves available to their clients as engaged human beings who gave space for a spiritual expression to take place in their interactions with clients, which in itself can be seen as part of a healing journey. As psychotherapists who also related to their own spirituality, the participants can be expected to have been an inspiring companion in their clients' journeys of transformation and healing.

Another critical question rising from this dissertation work is related to how we *label* or what we call other people and what we consider *appropriate* to believe in. Power also relates to being able to call names to things and persons, or to NOT name things and persons (Foucault, 1972, 1983). The word *spirituality* can be ignored within certain contexts and a person who considers him or herself *spiritual*, may be addressed as religious or non-believer, according to who is in a power position to set the labels. Colonialism, and its accompanying missionaries of faith, have been, and are still active in putting names to *the others*. But who has the right to impose a name or deny it to others? Through the process of finalizing this dissertation, I became aware of how spiritual territories have become colonized for centuries and how those in power positions came to determine what was right to believe in and even to experience. Some of the stories shared by the participants illustrate this. Like when clients were afraid of their own experiences, since they have been told that it is not possible to have a direct contact with the sacred, and if you do, you may be out of your mind (Jamie, Petra). By normalizing their clients' transpersonal experiences, the participants were not only working as therapists, confirming the psychic reality of their clients, they might have as well liberated their clients to have the right to know Spirit in their own direct, personal manner. Even when a client identified with an organized religion, therapists were interested in what this particular faith meant for that client. Like when Kitty, raising her voice at the pronoun, would ask: ***“What is the meaning of your religion for YOU!?”*** (ch. IX, p. 196).

On a personal note, I also came to reflect of being born in a continent where the original spiritual worldviews are considered heretical *superstitions* one was not *allowed* to believe in. With a colonial appropriation of land and people came the spiritual hijacking of the meaning making structures of whole cultures, a terrible abuse that continues until this day (Galeano, 2009; Hancock, 2019). The spiritual healers of original people were—and still are—called *witch doctors* (Spanish: bruja/o), and in a demeaning manner, not acknowledging their own identity as spiritual guides and healers of their peoples (Harner, 1990; Villoldo, 2000). Even nourishing, sacred plants like quinoa and amaranth were called “Devil’s plants,” and forbidden until recently, first by the Inquisition and then by the Doctrine of Faith of the Roman Catholic Church, contributing to hunger and malnourishment endemic in South America (Galeano, 2009). I bring these examples here because as psychotherapists we have to continuously reconsider not only how we address others and their worldviews, but likewise what influences our own ideas and preconceptions. Our assumptions on what is an appropriate way of providing care, and mental care, are always determined by a set of values and situated cultural standards for helping that we tend to take for granted (Skjær Ulvik & Rønnestad, 2013).

It is against this continuing background of demeaning other people’s worldviews and practices that we have to reflect on how we address those who hold views that we dislike or are not acquainted with. The decision to be called religious or spiritual should be up to each person, though for some it might be interesting and valuable to know that other people also develop their spiritualities in a fluid manner (Bidwell, 2018). From a postmodern perspective that acknowledges the dynamic, fluid intermingling of values and qualities of our societies people should be able to choose their own denomination and value their own creative, spiritual expressions. This is also in keeping with a social constructionist viewpoint that acknowledges our identities as layered and multivocal (Bidwell, 2018; Gergen, 2009). A question that follows from this understanding is whether we should validate new spiritual expressions (Hognestad, 2015; Huss, 2018; Laugerud, 2011,2012). Are such concepts to be excluded or dismissed as *New Age* ideas and therefore unacceptable worldviews to be respected? Or could these new worldviews be worthy to explore in order to understand their healing potential in each particular case? Reflecting upon some of these matters within the field of psychotherapy and spirituality could enable us to address other issues of power inherent to the exercise of psychotherapy as a profession.

Another question to reflect upon is who decides from the *outside* of the psychotherapy room what should be dealt with *inside* of a clinical setting? And likewise, which internal constraints may be set in motion that could incline a clinician or researcher to focus on a

particular construct or another, in order not to be marginalized by their professional networks? All the participants touched on these matters by stressing the importance of taking into account spirituality within psychotherapy, and some expressed concern that clients' spiritual needs were often not taken into account within mental health services. For instance, Peter, drew the parallel between spiritual and other unseen concerns in clients, like chronic pain, that when not measurable might often be overlooked and denied, adding an extra burden on the suffering person. Pablo, on the other hand, expressed great frustration since spiritual and religious matters were left outside Spanish academic and social attention, and he even missed militant atheists who would contest his worldviews in order to create a dialogue among those holding diverse perspectives. Pablo seemed uneasy with the void created when spiritual and religious matters are ignored, unnamed and unrecognized. Similarly, at the end of my conversation with Kitty, her soft voice gained power asserting that clients' spiritual identity and related needs should be considered together with political, ethnical, cultural and socio-economic matters influencing the client's life.

The participants' views contested a post positivist paradigm and a materialistic view on life, transcendental aspects of human existence are not given priority when not all together denied (Beauregard, et al., 2014; Sheldrake, 2012; Walach, 2018). Directly and indirectly the participants addressed power structures within society and particularly within mental health care that would promote certain practices, like static diagnoses and medication, while ignoring spiritual matters. In my view, these therapists were addressing issues of power running transversally throughout society and affecting our professional work (Foucault, 1983, 1991; Han, 2018). As I discussed in chapter V, structures of power and dominant circles can determine what is valuable and rational and therefore ridicule and exclude views and practices of those outside their circles of domination (Gergen, 2006). Communities as well as individuals can be externally controlled but can also be internally constrained to censor themselves in order to follow rules, regulations and expectations of those in a dominant position (Foucault, 1983). Whether power is externally imposed or internalized as inner censorship, power dynamics influence what is seen as appropriate matters to be discussed in psychotherapy.

In chapter III, I discussed how, for a long period of time, spiritual matters have not been acknowledged as relevant within mental health. Yet, the participants themselves did not appear to disqualify certain worldviews due to being from a particular religion or spiritual practices or traditions, including new spirituality views. Nor did they get into the rhetoric about what is a more worthy set of beliefs or practices. Instead, being able to distinguish what is manipulative and destructive within a particular tradition or practice appeared as central for all the

participants. Also in chapter III, I addressed scholarly work suggesting that the way in which we interpret our reality is determined by the paradigm under which we operate (McGilchrist, 2009; Russell, 2002; Tarnas, 2007, Walach, 2018), and the dominating perspective within state management systems is often a mechanistic view where spiritual concerns are left aside. Due to the increasing demands on production and effectivity within public health, it can be challenging for a psychotherapist in state supported practices to acknowledge the value of a client's religious and spiritual needs, as one of the participants problematized (Peter, p. 255), in keeping with what other scholars have drawn attention to (Florence, 2015; Hofman & Walach, 2011; Walach, 2017). Addressing spiritual matters requires professionalism, time, but also freedom to be genuinely present and creative. When clinicians fear sanctions from their workplace if their own spiritual views are disclosed, or if their spiritual frame of work is known, this could jeopardize spontaneous, creative and appropriate interventions.

Into a new paradigm. The generated findings indicate a change of paradigm in the way in which psychotherapists understand and approach spirituality as independent of organized religions, with a transcendental quality and where the intermingling of different spiritual views integrate. These views are in keeping with scholarly work on the matter (Bidwell, 2018; Hofman & Walach, 2011; Pargament, 2007; Vieten & Skammel, 2015). The interviewed clinicians also conveyed a holistic understanding of psychotherapy work which is in contrast with reductionist and fragmented perspectives still present in mental health care. By staying away from presuppositions claiming that addressing spiritual matters is unscientific or inappropriate, the participants contested views that have been keeping spirituality as a *taboo* within psychotherapy (Walach, 2017). The participants worldviews and practices appeared in keeping with scholarly work suggesting that we are in fact undergoing a significant change of perspectives or a paradigm shift (Grof, 2000; Robinson, 2018; Russell, 2002; Vieten, 2017; Walach, 2017, 2018)

REFLECTIONS ABOUT THE PARTICIPANTS' CONTRIBUTIONS

The fact that these clinicians agreed to participate, venturing to ventilate their thoughts, to a stranger in most cases, shows a great degree of openness and trust in their values and practices. Particularly, the clinicians showed trust on being able to formulate their perspectives about such a slippery subject as spirituality, without trying to achieve a clear-cut definition. The participants were special in the sense that they could easily accept relative and dynamic constructs, heuristic approaches as well as the integration of different theories with an acceptant and relaxed attitude to the emerging tensions (Wulf, 2017).

All participants seemed to agree that a spiritual perspective in psychotherapy was important and they had also tried to integrate it in their life through several years of personal and professional searching. This also seemed to have contributed to a high level of confidence when it came to addressing their clients spiritual and religious concerns, whether the therapist was acquainted with these beforehand or not. In my view, the knowledge the participants conveyed was an integral part of their professional wisdom (Råbu & McLeod, 2018), and as such highly grounded on their personal experiences. Therefore, it may not be easily transferable to other professionals wishing to know more about the subject matter from an intellectual level. Some degree of spiritual searching and an openness to spiritual matters and experiences on a personal stance can be expected to facilitate a integration of spirituality in clinical practice.

All participants agreed that spiritual matters ought to have a place in training programs for psychotherapists. However, the generated findings do not provide concrete ideas on how to approach spiritual matters in future study programs. Some clinicians (Peter, Celia, Thom, Effie) were concerned with the dangers of approaching spirituality in a mechanical manner, just another evaluation form to fill out. These findings are in keeping with those of Lambie et al. (2015) among psychotherapists in New Zealand, which convey that despite an agreement on the relevance of including spirituality in psychotherapy training, there were no suggestions on how such training should be implemented (Lambie, et al., 2015).

Yet in order to aid to the proficiency on spiritual matters, a starting point could be an acquaintance with existing tools aimed to gather information about the clients' worldviews and the role these play in their lives. In the Spanish language, there is a set of questions developed by GES-Grupo Espiritualidad Seccpal (Benito, et al., 2014; SECPAL). While in the English language there are among others the FICA (Puchalski, 2008) and the SoMeCaM cards (LaCour & Schnell, 2016), which I briefly introduced in chapter V. Likewise, Vieten & Skammel (2015) in their book, *Spiritual & Religious Competencies in Clinical Practice: Guidelines for Psychotherapists and Mental Health Professionals*, have developed guidelines on how to approach spiritual and religious matters in psychotherapy (Vieten & Skammel, 2015). Yet, the therapist' personal experience and interests seem central when spiritual matters are addressed.

AN AUTOETHNOGRAPHIC REFLECTION

Both the participant clinician and I understood the generated data was co-created during our "interViews" (Kvale, 1996; Kvale and Brinkman, 2009). As it was discussed in the chapter VI, and illustrated throughout the Findings chapters VIII, IX and X, my feedback to the clinicians' stories was grounded in my own views and personal experiences and would be

different from what another researcher might have expected to generate. As a researcher and colleague, it has been a privilege to listen to the participants reflections on spirituality and the stories of their particular journeys. It has also been enriching to hear about meaningful clinical encounters, and how the participants dare to integrate different approaches and theories. Even more so, it has been a powerful experience to hear how the participants enjoyed their work, staying engaged and creative even when attending clients undergoing particularly challenging life situations. In my view the participants contributed to bringing *Psyche*, the Soul, back to Psychotherapy.

Throughout this study, I was touched by the quality of the narratives shared by the participants, and when transcribing conversations, and writing this dissertation chapters, I felt that the generated ideas and worldviews were part of a larger whole, a wave of thinking and evolving, developing in many places, within various disciplines and expressed by different scholars, also those I was so fortunate to interview in this inquiry. I often reflected upon and recognized myself in the social construction of the many identities and attitudes towards clinical work that the participants conveyed and how these integrated pieces from different areas of knowledge, wordless encounters, written material, lectures and conversations. At the beginning of this dissertation, I had addressed the theories underpinning this work in a scholarly, intellectual manner. However, throughout the process of this inquiry, I had the realization of being embedded in postmodernism, and of traversing *the* paradigm shift in a very concrete, almost physical manner, like walking over a bridge.

As a new researcher, I was confronted with an overwhelming number of concepts relevant to this research project, both concerning terminology on the subject matter as well as on an array of possible theoretical frames of reference and practical interventions. Like a growing organism, the abundant terminology on research mixed with my own ideas and the ongoing conversations on spirituality, psychotherapy, life, newer scientific knowledge, ethics, power, and so on. At times, I desperately needed structure, focus, maps and tools that could help me organize relevant constructs and to discard outmoded concepts that had taken place in my views of the world around and inside myself. Likewise, I needed to identify what did *not* belong to the paradigmatic underpinnings of this dissertation, and in a bricolage manner, transform and re-use any idea that could provide nourishing perspectives into this inquiry.

Finally, the process of writing this dissertation affected me as a clinician as well. Very seldom would I dare approach a client in sessions in manners that were inspired by the dialogues

I had with the participants. I re-discovered the work of Jung with great gusto, took a work-shop on Sami shamanism, started a formal training in Somatic Experiencing and continued to be curious of how these approaches could be integrated in my understanding of spirituality and even in clinical practice, while trying to keep a critical perspective. My hope is that despite the limitations of this study, the experiences and reflections shared by the participants might be inspirational to other clinicians wanting to integrate a spiritual perspective in their clinical practices and to those in charge of training programs for psychotherapists. Precisely because of the bricolage approach to spiritual interventions, and the idiosyncratic way in which many of the psychotherapeutic interventions were implemented, this could inspire other therapists to find and trust their own way to approach spiritual related matters in their clinical encounters with clients.

SECTION VI: IMPLICATIONS AND EVALUATION

CHAPTER XIV: PRACTICAL IMPLICATIONS AND
EVALUATION OF THE INQUIRY

CO- CONSTRUCTING AN UNDERSTANDING OF SPIRITUALITY

The purpose of this inquiry has been to explore how a purposive sample of fifteen Western European psychotherapists understand, navigate, experience and integrate spirituality in their clinical work, as well as how spirituality manifests in their personal lives. Since my epistemological framework is situated within a social constructionist stance, I was also interested in finding out how knowledge about spirituality is co-constructed and given meaning within *the form of life* of psychotherapy (Gergen, 2006), particularly within therapeutic encounters between therapist and client, as well as between the participant and me during the interviews.

One of the rationales behind my interest in the subject matter was that as clinicians we need to attend to and reflect on the particularities of the time in which we are living and to become aware of the kind of languages that many of our clients and our colleagues use. Spirituality has become a popular construct suggesting a concern among individuals and scholars that is reflected in the growing number of publications on spirituality and science (Sheldrake, 2018, 2018; Walach, 2015, 2017), psychotherapy (Hofman & Walach, 2011; Orlinsky, 2000; Pargament, 2007; Robinson, 2018; Smith and Orlinsky, 2004; Vieten & Skammel, 2015) and social construction (Bidwell, 2018, 2016) among many other fields of study. Given the amount of research on the subject matter we can expect that spirituality will increasingly be addressed within psychotherapy.

SUGGESTIONS FOR PRACTICE

In the sections below, I address themes generated in this dissertation that could enrich understandings of spirituality and the ways we approach this within clinical work and in research. The themes I highlight cannot be called conclusions as the learning is ongoing. However they might give indications of matters that are worth taking into account. Following perspectives from Wittgenstein discussed in chapters V and XII, I want to consider some practical implementations or “actions” that could be informed by this dissertation in keeping with the *Wittgensteinian* views underpinning my work here (Gergen, 2019, PC; Wittgenstein 1953a).

Spirituality is multivocal and fluid. The participants seemed to attach similar meanings to the idea of spirituality which they spoke about as transcendental, dynamic and fluid. The participants expressed a multivocal spirituality which was addressed in manifold and fluid ways (Bidwell, 2018). Likewise, the participants’ integrated different perspectives into their spiritually sensitive therapeutic approaches. They appeared open towards different external

sources of spiritual knowledge and confident in the personal ways they used to gain a deeper, spiritual understanding, which can be an inspiration for other therapists. These findings are in keeping with other scholarly work on the spirituality of psychotherapists suggesting they tend to be less attached to formal religions, yet more prone to practice an open and inclusive spirituality (Hoffman and Walach, 2011; Orlinsky, 2000; Smith and Orlinsky, 2004).

Another practical implication here is the importance of taking into account the idea that a spiritual identity fluctuates throughout life, which the participants illustrated in their personal journeys and with some of their clients. This is also in keeping with research on the matter addressing changes in an individual's worldviews throughout life (Bidwell, 2018, 2016; Pargament, 2007; Vieten & Skammel, 2015). Like art, spirituality can be understood as what Wittgenstein refers to as an *open concept*, with blurred borders that cannot be defined (Wittgenstein in Waismann, 2003). In spite of its flexible, sometimes even confusing possibilities and qualities, spirituality appeared as a construct the participants felt comfortable with and through their interventions, they seemed able to address the changing and undefinable aspects of spirituality in an open and accepting manner.

A heuristic approach to spirituality. As a consequence of spirituality's blurred borders and its dynamic quality, another implication or suggestion for clinicians is to trust one's capacity to improvise, acknowledging that there are creative ways to address a spiritual context in clinical settings. Having trust in one's own professional competency, as well as having a genuine and heuristic attitude seems pivotal. We cannot be fully prepared for addressing spiritual moments. Exploring the meaning that spirituality has for the client with a respectful and *not knowing* way seems most relevant (Anderson, 1998). Because of its very qualities spirituality demands a fresh and open attitude on the part of the clinician. I would dare to say: Start from yourself, be inspired, but do not try to copy another clinician's ways. Similarly, the participants manifested a considerable degree of professional autonomy as well as 'professional wisdom', through openness and willingness to learn from their encounters with clients and from readings and practices outside psychotherapy (Råbu & McLeod, 2018; Råbu, Moltu, Binder, & McLeod, 2016). Another recommendation would be to remain humble, yet confident, as the participants seemed to attempt in their practices and reflections.

Implementing a more holistic approach. All participants conveyed the idea that we are not only biological, psychological and social in nature, but that we are also spiritual beings, with spiritual needs, whether openly manifested or not. All clinicians stressed therefore the importance of meeting the spiritual needs of their clients. These views are similar to those of many ancient traditions as well as contemporary authors (Jung, 1973, 1969, 1966, 1961;

Pargament, 2007; Torralba, 2016; Walach, 2015). A practical implication of these views is that mental health approaches could profit by taking into consideration a holistic perspective that acknowledges an understanding of a human being as a bio-psycho-spiritual unit (Hefty, 2013; Sulmasy, 2006). A holistic perspective could also help healthcare practitioners to notice how and when healthcare models give priority to productivity, effectivity, and overall financial aspects to the detriment of a more integrative perspective: something that was addressed by some participants. These views are in keeping with scholars who point out that much of the contemporary approach to health is grounded on a reductionist view (Foss & Wifstad, 2011; Friberg, 2011; Gergen, 2006; Koenig, 2012; McGilchrist, 2009; Nyima & Schlim, 2004; Sulmasy, 2006).

Symptoms as metaphors. Several participants suggested that diverse symptoms presented by their clients could rather be understood as metaphors of a deeper existential wound, as an expression of a part of oneself that was lost or disconnected that needed to be retrieved. Some participants talked about “a lost soul part”. However, without necessarily acknowledging the *Soul*, these therapists’ views could inspire another gaze upon an array of mental health problems and symptoms, and be seen as necessary expressions of a longing for wholeness and healing, as for instance proposed by Jung (2000, 1969, 1966), Grof, (2000) Levine (2010) and others.

The potential of clients’ presented problems are not always given attention within the mechanistic views that pervade much of medicine and the humanities. Yet, by awareness of the potential for transformation and growth at the core of diverse problems and symptoms, clinicians could present a more constructive attitude to clients and other colleagues. In turn this could inspire and support psychotherapists and health authorities to work from a compassionate and holistic standpoint (Nyima & Schlim, 2004; Sulmasy, 2006). Such views could contribute to expanding the understanding of the psychotherapy profession and clients’ manifested symptoms within a system that too often conveys a limited and static view of the many expressions of human suffering.

Discussing spirituality in training programs. In their dialogues, the participants spoke about how spiritual dimensions have deserved little attention in mental health care and in the training of therapists. Therefore, another practical implication supported by these findings, concerns the relevance of including spirituality and related matters within psychotherapy training in appropriate ways. However, discussing spiritual matters should honor the dynamic and changing qualities of spirituality and give attention to personal experiences (Walach, 2017).

Considering different historical and cultural perspectives on mental healing. Another implication of this study could be an invitation to stay open to new and old perspectives and practices that might have a positive impact on clinical work. Conformity to rigid rules and expectations does not harmonize with an open spiritual understanding. An implication could be that future therapists might profit by revisiting and discussing views that are not mainstream yet acknowledge that personal experiences are often a source of spiritual knowledge (Walach, 2015, 2018). Training of clinicians could include discussions about the exclusion of spiritual and religious matters from psychotherapy. By learning how other cultures have understood the spiritual, clinicians could find complementary information on how to attend to spiritual matters.

Space to address our own spirituality. All participants expressed satisfaction with their work, and many conveyed feelings of gratitude and privilege for being able to assist others to grow psychologically and spiritually. Another practical implication of these findings suggests that, if they do not do so already, clinicians could benefit by creating space, even a physical one, to simply reflect on transcendental dimensions and what brings meaning and joy to one's life. This could be an unpretentious, mindful way to honor a deeper dimension of existence, without necessarily calling it spiritual, and which could be a resource for clinicians, contributing to prevent burn out and compassion fatigue (Giles, 2012; Shapiro, 2007).

LEARNING FROM THIS STUDY

Transiting into a new paradigm. Besides supporting the idea that spiritual themes can be part of clinical conversations, the findings suggest that the participants and many of their clients gave signs of transiting towards a new, non-material paradigm. Though not yet mainstream, different scholars suggest we are the first generation that is aware of traversing a new paradigm in science (Russell, 2002; Vieten, 2017). In turn we seem to be leaving behind the positivist paradigm that supports the materialistic ontology still prevalent in science. As a consequence, what has not been proved to exist through the means available within a materialist paradigm is considered as non-existent (Walach, 2018). Most participants instead seemed to acknowledge their own and their clients' spiritual phenomena which is in keeping with a non-materialist scientific understanding presented in chapter VI and addressed by contemporary scholars (Beauregard, et al., 2014, Sheldrake, 2012; Walach, 2018).

A recommendation for practice could then be that psychology and psychotherapy studies include spiritual matters in an integral manner and acknowledge the paradigm shift we

are transiting and ideas about expanded consciousness states and spiritual phenomena (Grof, 2000).

Self-disclosing spiritual views. Though some participants disclosed their spiritual stances, and shared inspiring literature and practices with their clients, none of them worked within a particular worldview, nor did they expect their clients to follow their perspectives. A key implication of these findings, and of ethical standards for clinicians, is that the client's own views have to be respected and remain at the center of clinical interventions. However, another consideration could be that as long as the clinician's personal views and practices are shared with authenticity and without imposing these on clients, disclosing these could be appropriate and even helpful. However, this has to be done with great sensitivity, without expecting the client to follow the therapist's suggestions, but rather as a human exchange of views, something the participants richly illustrated. We need to acknowledge that the therapist is in a position of power within the therapeutic relationship and has therefore the responsibility to enable clients to create a space for reflection about how their worldviews influence them and whether or not these are a resource in their lives.

Another implication of this inquiry is that therapists do not need to fear disclosing their personal views as long as this is done in a respectful, non-missionary way. The recommendation to allow oneself to share with the client something that has been inspiring opposes the view of therapist as a neutral person. Instead, such views are closer to humanist perspectives focusing on developing human potential and seeing symptoms as symbolic expressions waiting to be understood.

Experiencing Social Construction. Following social constructionist views, whichever position a researcher takes, this will be immersed in a particular cultural tradition that is not unique but stands among many other scientific traditions. Yet the idea of science being just one cultural tradition among many, and not the pursuit of the ultimate truth itself, is contested by mainstream scientific communities (Gergen, 2006, 2014; Sheldrake, 2012; Walach, 2018). In my case, getting better acquainted with social constructionist views had an impact not only on my work as a researcher but also as a clinician (Carli, 2016). In turn both of these personal and professional *forms of life* (Gergen, 2006) informed and enriched each other. Also, social constructionist views provided theories that would sustain my understanding of diagnosis and structures within mental health care from a relational perspective. I became even more attentive to how the quality of interactions with my clients seemed to influence the ways in which they represented themselves and also how this impacted the kind of material they chose to share in sessions. The *how* and the *what* presented by the client is influenced by the quality of interaction

(McNamee & Hosking, 2012). This is also true in my interactions with the research participants: thorough the process of the inquiry I became aware that the quality of my interactions with the participants could be expected to contribute to the generated data. Likewise, I became aware in differences on how I addressed the participants too, so that the rapport established during our conversations would be expected to influence whatever they felt comfortable to share, as well as how we co-created meaning together in our dialogues. In the following sections I address the role of communication and meaning making within a social constructionist perspective.

PERSONAL AND PROFESSIONAL GROWTH

Something I was reminded of during my conversations with participants is that personal, professional and spiritual growth is a continuous process. No clinician had kept only one therapeutic perspective during their professional life: they appeared as searching and interested in personal and professional development. This has implications for practice, since other psychotherapists looking to address spiritual matters could feel stimulated to take on further education, try new psychotherapy approaches for themselves and validate their own way of integrating these. Most participants had more than thirty years of experience in their profession and had integrated different spiritual views in their personal lives which were also reflected in their therapeutic interventions.

Acknowledging and participating in “spiritual ecospheres”. A recommendation for other clinicians would be to find ways of taking part in their own spiritual development. The participants seemed to have developed their own intuitive clinical approaches in an independent way, much as they travelled their spiritual journeys, in a manner that is aligned with a social constructionist perspective, where our sense of self - personal and professionally - is understood as being continuously shaped by a myriad of ideas and practices (Gergen, 2009). Nowadays we can access different sources of knowledge almost immediately through personal exchanges, lectures, conferences, books - and of course the internet. As I discussed in chapters I and XV, when interested in a particular area of knowledge, we can access similar sources and share the same *textual friends* (Gergen, 2009) within our field of interest, more so now that globalization aids to this process. Groups of people sharing the same, special interests contribute to the conformation of what Walach addresses as “intellectual ecospheres” (Walach, 2017, p. 9) without disciplinary, cultural or geographic borders. In our globalized time people are influenced by easily accessed worldviews and ideas about spiritual matters that no longer belong to only one territory or cultural context (Galtung & McQueen, 2008). Taking advantage

of available information, including that about spirituality, could be a simple action to develop our spiritual competence.

MAIN PREMISES SUGGESTED TO CONSIDER IN PSYCHOTHERAPY

Based on what I have discussed above, I suggest some points that could be relevant for clinicians to take into account when aiming to integrate spirituality into their clinical work:

1. Explore the client's own understanding of spirituality: it is important to be able to grasp how the client understands spirituality and what kind of resource it might represent for this particular person. Assess the client's spiritual needs and resources.
2. Together with the client, in a collaborative manner, explore whether the client's spiritual stance may be a resource, support or a limitation. A possible question could be: What does spirituality/your religion mean for you?
3. Try to stay open to the client's expressions of spiritual and non-ordinary experiences; explore whether these are fragmenting like in a psychotic episode, or supporting as in a numinous experience, or with expanding consciousness as in spiritual emergencies.
4. Spirituality is dynamic and fluid, and different worldviews may be integrated throughout life. In dialogue with the client it could be relevant to explore what kind of spiritual needs are present now without attaching these to a previous spiritual tradition or interest. You may explore how a spiritual journey has developed over time and what impacted on the client to change things and facilitate opportunities for reflection, offering space to explore choices in clients' paths of growth and transformation.
5. Direct experiences play an important role in one's spirituality since it is not accessed intellectually. Improve your knowledge on the matter but do not rely on manuals or techniques. Be creative and flexible.
6. Some contact with a spiritual dimension in your own life can facilitate meeting the spiritual needs of your clients. You do not have to follow unfamiliar ideas or practices. Trust your own ways of relating to Spirit.
7. No particular school of thought or psychotherapy is best to address spiritual matters. Start from where you feel comfortable but stay open to integrating different perspectives with which you resonate.
8. Trust your capacity to improvise and be present in your interventions, while grounded in your professionalism.

9. Sometimes it might be appropriate to share some of your spiritual understanding and knowledge in order to expand the client's understanding or to support his or her views as long as you do not impose it to the client. Not mission, but inspiration.
10. Solitude and autonomy are often part of a spiritual journey. You may cultivate a spiritual view through readings and practices that resonate with your *textual friends* in the form of books and lectures within or outside scholarly work.

ADDRESSING SPIRITUALITY IN GENERATIVE WAYS

The training of future psychotherapists could profit by allowing space for personal involvement and reflection - not only an intellectual understanding - of spiritual matters, and knowledge about different religions and practices. By its very nature, spirituality is fluid and transforming so that training and interventions could take care of these aspects. Implementing approaches that allow us to develop compassion for oneself and others (Nyima & Schlim, 2004) could contribute to bringing a participative perspective into psychotherapy training on spiritual themes.

It would be important to notice that training about spiritual competencies in clinical practice is more about attitudes of the therapist and less about concrete tools – however, those could be of help (see for instance in chapter IV, p. 83). The conversations with the participants illustrate that their ways of addressing spiritual matters were less focused on particular approaches and techniques, and rather the result of their personal work and their confidence in their therapeutic skills.

If a spiritual dimension does not resonate with the therapist, it might be difficult to follow the client's search for spiritual meaning. Numinous experiences in therapeutic encounters might remain unacknowledged if the therapist has no sensitivity for such (Corbett, 1996). At the same time the generated findings suggest that a common spiritual or religious ground between therapist and client is less important: both can meet on a common ground with the client's psychological wellbeing in focus. I wonder if we can arbitrate for all training programs to integrate spirituality as many people simply do not have it in them.

LIMITATIONS OF THIS STUDY

The current study is based on a social constructionist perspective where the intention is to explore in depth the views on spirituality and its implementation in psychotherapy among a purposive sample of fifteen psychotherapists. Therefore, the generated findings reflect the views and experiences of these particular clinicians who are themselves interested in integrating

spirituality in their lives and their clinical practices. Within the paradigmatic underpinnings of this dissertation, the goal has therefore *not* been to represent views that might characterize the whole profession. However, as I addressed in ch.VII (p.165), knowledge from the generated findings could be transferable to other contexts within and outside Europe (Morrow, 2005).

DIRECTIONS FOR FURTHER RESEARCH

More qualitative research is needed in order to access different ways in which spiritual perspectives can be made part of a psychotherapy approach in a manner that respects the client's views, as well the often multivocal and dynamic expressions of a spiritual dimension.

As I have discussed in chapter V, research is always situated and informed by the *lenses* or theories through which the researcher approaches the subject matter. This is particularly important to keep in mind when addressing issues related to spirituality and mental health, since it demands transparency on the part of the researcher, recognizing that neutral is not possible. A researcher carries presuppositions, beliefs and values incorporated over many years which are often taken for granted as the correct way of viewing reality. The field of spirituality and religion is strongly affected by what organized and colonizing religions have defined as the 'proper' way of believing and worshiping: the accepted form of spiritual expression and the expectation of 'monogamic' spirituality that is clear cut and not enmeshed by other traditions or perspectives (Bidwell, 2018). However, reality is multidimensional and messy and our identities are multivocal (Gergen, 2009). Likewise, spiritual expressions are dynamic and often fluid, integrating pieces that make meaning for each of us and honor different parts of our spiritual journey (Bidwell, 2018; Sheldrake, 2017, 2018). Different spiritual identifications and expressions may manifest sequentially while at other times they might all be present at the same time (Bidwell, 2018). Research on spirituality and psychotherapy could be enriched by acknowledging the subjectivities of those involved to a greater degree than the case now seems.

The study of expanded consciousness phenomena, along with their implications for mental health and clinical interventions is a field where more research is needed (Grof, 2000; Walach 2018, 2017). Another aspect that deserves attention when approaching research on spirituality is related to the impact of the application of a scientific frame of reference. In order to validate personal experiences and idiosyncratic ways to relate to Spirit, time has come to implement a theoretical frame informed by non-materialistic views on science that give credit to personal experiences, as discussed by different scholars (Beauregard et al. (2014); Walach, (2017, 2018).

An issue I have discussed above that has arisen several times during this dissertation relates to issues of power when it comes to spirituality being defined in a manner that excludes new spiritual expressions that integrate pre-religious perspectives as well as new contributions from quantum physics, consciousness studies and post materialistic perspectives (Fox, 2018; Sheldrake, 2017; Walach, 2018). In my opinion, we need to widen the lenses from which spiritual views and practices are studied, while being aware of positivistic views of science still permeating much of academia. Qualitative studies, particularly narrative and autoethnographic contributions, could offer appropriate methodologies whereby the richness of the subject matter could be studied and re-presented.

E-VALUATION OF THE DISSERTATION WORK

In this section I provide an evaluation of the accomplished dissertation work. McNamee and Hosking (2012), in their book *Research and Social Change*, rightly point out that “we live in a world obsessed with evaluation” (p.79). All human endeavours are subject to evaluation since our thoughts and activities unfold within particular forms of life attached to a set of beliefs and values. We are therefore constantly evaluating and differentiating between worldviews and practices or “forms of life” (Ibid., p. 79). And evaluation is therefore always situated within the evaluator’s frame of reference. Similarly within research, a product of social interaction such as this dissertation represents, may be evaluated from different perspectives, but my argument here is the work needs to be evaluated within the paradigm from which the inquiry was implemented.

Within this dissertation I have tried to stay coherent within a social constructionist perspective infused with collaborative and relational views that informed my frame of reference. As such, a social constructionist variant of a responsive evaluation, as discussed by McNamee and Hosking, is appropriate. McNamee and Hosking refer to the work of Tineka Abma (2000) who in turn addresses the multivocality of social interactions and is engaged in “propagating polyphony, appreciating differences, and preserving diversity instead of trying to reduce it” (McNamee and Hosking, 2012, p.5). Aligned with social constructionist views, Abma considers knowledge as a situated product, co-constructed by the researcher and those participating in a research. Abma illustrates a positioning with which I identify, since she points that the evaluator ought to detach from an expert, objective role, and instead allow for a blurry, soft, self differentiation from the evaluated objects (Abma, 2000).

Another relevant aspect of a social constructionist informed responsive evaluation, is that different voices co-exist and are represented through stories and thick descriptions without

being categorized as “better stories” or “malconstructions” (Guba & Lincoln, 1989). These reflections resonated with my valuing of the contributions from all participants throughout the interviews, the analysis, re-presentation and discussion of their narratives. Throughout my work with the transcripts, my effort was to acknowledge the multiple voices and realities reflected by the participants, without evaluating some as better than others. My intention has been to represent each of the participant’s contribution in an appreciative manner. In keeping with Abma’s, McNamee’s and Hosking’s reflections, I have illustrated the multiplicity of ways in which participants addressed the lines of inquiry in our conversations. This is in keeping with a relational perspective within social constructionist informed qualitative research, where “valuation” is given priority instead of “evaluation” (McNamee and Hosking, 2012, p. 93).

MY VALUATION OF THIS STUDY

The final evaluation of this inquiry will be done by scholars in the defense committee. However, within the paradigmatic underpinnings of this dissertation, I include my own evaluation of the process, following the example of other PhD dissertations within a social constructionist frame (Brink, 2012). I am informed by the work of Laurel Richardson (2000) who proposes five criteria when reviewing monographs and papers: she asks does this work demonstrate 1) *Substantive contribution*, 2) *Aesthetic merit*, 3) *Reflexivity*, 4) *Impact*, and 5) *Expresses a social reality* (p.254). Richardson addresses each of these criteria with questions, as illustrated in the section below. In this final evaluation I also integrate some of the perspectives from Abma (2000) and McNamee & Hosking (2012) discussed in the section above.

1) *Substantive contribution:* *Does the writing add to our social understanding of life? Does the writing seem like a credible account of a cultural, social, individual or communal perspective?*

The knowledge generated in this dissertation might contribute to expanding views on how spirituality is understood by clinicians and how it is addressed in clinical practice which, in turn, could inform a more holistic approach to psychotherapy where the spiritual needs of clients are taken into account. The generated findings exemplify different experiences and reflections from the fifteen participants, who though coming from different European countries and diverse religious and spiritual backgrounds, seemed to converge in similar key values and perspectives, related to how spirituality is understood and might be addressed in psychotherapy.

Psychotherapists working from an open and genuine spiritual perspective appeared as largely satisfied with their work after three decennia of experience, which in itself might be a possible contribution or source of inspiration for younger clinicians.

The credibility of this inquiry has been assessed under the whole research process, particularly through extensive mentoring from senior scholars as well as in presentations and discussions in research fora on religion psychology in Norway and Sweden, and among PhD students' of the Taos Institute. In this inquiry I applied a social constructionist perspective which though expanding is still not always apparent in mainstream academia.

Though not unique in its genre, this inquiry approaches a subject matter which has been less addressed in research and does so from a bricolage perspective (Rogers, 2012), by fusing postmodern and social constructionist methodology and methods, as well as by integrating non-materialist perspectives on science (Beauregard, et al., 2014; Walach, 2018). By keeping an open, not-knowing and non-judgmental attitude, many doors were opened into diverse and unusual psychotherapy interventions, so that this thesis could inspire readers to know more about different traditions and practices, such as Somatic Experiencing (Levine, 2010), deep consciousness work (Schoch, 2005) and shamanic inspired interventions (Harner, 1990). Throughout the dissertation my effort has been to stay true to the participants' narratives, and discuss these from historical perspectives on spirituality and psychotherapy, as well as inviting the reader to draw lines between the re-presented knowledge and that from previous research and non-conventional views from quantum physics and non-material perspectives.

2) Aesthetic merit: Does the writing succeed aesthetically? Does it leave you bored or does it invite you to want to know more?

I cannot answer for the reader, but I can say that I have enjoyed every aspect of this research, interviewing the participants, and getting to know them and participating in their dialogues I particularly tried to honor the aesthetic merits of the participants, which I sometimes wrote in stanzas. Yet I do think that some parts of this dissertation may be too wordy, and they show that I struggled with philosophical concepts that I nevertheless did not want to let go. The fact that the work is written in a language which is not my own means that I have sometimes needed to use more words than necessary to say what I mean

(3) Reflexivity: Is the author both inside and outside of the text? Is the author able to be part of the writing, but equally effectively reflect on the writing?

I have used reflexivity thoroughly during most of this dissertation and addressed it specifically in chapters I, VI and VII. My intention has been to keep a reflexive perspective and to be both inside and outside the text. Sometimes I was afraid of being too much inside, being too personal.

The use of reflexivity affects the researcher and in turn affect the process of research. Extensive mentoring as well as presentation of some of the generated results in academic fora for PhD students, as well as conferences, has helped me to see the text from the outside, from the perspective of the reader. This has often produced changes in the inquiry in the form of other choices, more nuanced words, and attempting better explanations. Sometimes I agreed with the observations made, like when I was made aware already in the presentation of the dissertation plan that I had to clarify my hunches or that I could explore whether the client's expectations or therapeutic needs influenced whether a spiritual approach was considered. This caused me to change a question in the Lines of inquiry. Other times, in PhD student fora I was made aware that spirituality was a word that did not communicate well with psychologists or that the use of first pronoun was not part of academic tradition. In this case, I realized that those comments were not in keeping with the paradigmatic underpinnings of this dissertation, so instead I tried to clarify those better in chapter VI in order to provide the reader with the necessary information about my theoretical frame which is still quite novel. Likewise during some mentoring I was asked for hypothesis to be verified and concluded upon, so I added a few lines about that in the dissertation explaining why those views are not coherent with my theoretical frame. Along the same lines, other mentors and texts, made me aware of being theoretically inconsistent, and often using concepts like 'representativity', 'emerging knowledge' or 'generalization' that do not belong to a postmodern, social constructionist informed study. I then went through the whole text hunting for misplaced words, while reading new texts that could support those ideas I then tried to clarify. Another aspect I was made aware of was that I often "apologized" like 'sorry for having only this 15 participants' and I was told I had to "own" the text, state clearly what *I* meant, and use scholarly work to support *my* views, instead of putting 'the others' first and just saying whether or not I agreed with their statements. Inside and outside aspects of reflexivity emerged as intertwined, sometimes disclosing more about myself (i.e. apologizing) than what I was prepared for. Yet transparency was not a choice but a necessary quality I wanted to attain in this inquiry. Reflexivity was a completely new concept for me at the start of this inquiry, and which I struggled to understand. Yet I gradually became acquainted with a reflexive stance, and I came to appreciate its power, missing it when reading others' non-reflexive scholarly work.

(4) Impact: *Does the writing affect you emotionally or intellectually? Does it create a desire within you to know more or to start writing yourself?*

While I cannot answer for the reader, I can myself state that pursuing this dissertation has affected me personally, emotionally, intellectually and professionally. I often felt that all parts

of the text related to who I am, what I do and the clients I meet. Throughout the process of writing this inquiry I felt as if I was in dialogue with the participants as well as with “textual friends” (Gergen, 2009, 2006) in the form of different scholarly work that enriched my reflections about the topic. Sometimes in the silence of writing I was driven to wander in my mind while also being aware of what I was writing about. At the same time, I observed my daydreaming, like in meditation, remembering experiences, words, bodily sensations and ideas related to deep undramatic, often beautiful memories of my childhood in a state that reminded me of what Bion (1998,1967) called a *reverie* state. This state was not active in relation to another person, but to the generated knowledge that appeared as ‘another’, with a ‘life’ of its own. When I caught myself in those situations, I was aware of the layering of views of ‘textual friends’ from different theoretical sources (Gergen, 2006). In my case this layering includes among others views from psychoanalysis, Buddhism and shamanic studies, as well as post materialist perspectives on science (Beauregard, et al., 2014; Sheldrake, 2012; Walach, 2018).

While writing these pages I also have wondered and revisited places at my home in Patagonia, remembering things I have experienced that were completely forgotten: a pink shell, a windy day at the beach, a guanaco looking me at the eye. Most of all I felt enormously fortunate to have received the immense love that was poured on me since I came to this planet. My loving grandpas and my dear parents: driving us at night under the starry, darkest sky in the desert, teaching us the name of the constellations. And in this dreamy state all those forgotten experiences appeared as part of a pilgrimage, each event seeming to have a particular meaning, paving the way to experience my life as a spiritual journey. I could not feel less than deep gratitude for being able to learn more at my age, which felt like a blessing in itself. So, yes, I answer Richardson’s questions above by stating that I remain with a deep desire to write about external and inner journeys, particularly those that have been part of psychotherapeutic encounters with a spiritual quality. But most of all I remain deeply grateful for having the opportunity to learn more, and to communicate it and to have you, the reader, as part of this journey.

5) *Does the inquiry express a social reality?* Here Richardson asks: *Does this text embody a fleshed out, embodied sense of lived-experience? Does it seem true: a credible account of a cultural, social, individual, or communal sense of the real?*

The research question addresses a reality that is being gradually acknowledged among scholars and clinicians, namely the relevance of including a spiritual perspective within clinical work. In the findings chapters I provide a view of the many ways in which different participants approached a spiritual dimension in their life and work, which was communicated in an

embodied manner, and also moving for the therapist, myself as a co-participant in the dialogues, and even for some of the scholars who have read an earlier version of this inquiry. The accounts seemed true in the sense, not only of the participants being genuine, but also in the way their stories express a cultural and social phenomenon within the “tribe” of spiritually minded clinicians and their clients, and therefore a real example of what is taking place at social, individual and professional levels.

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APPENDICES

 APPENDIX 1: LETTER OF INFORMATION AND CONSENT

LETTER OF CONSENT

(sent to all the participants)

Dear colleague.....,

Pseudonym chosen.....

Thank you for agreeing to participate in my research, **“how do experienced therapists understand, navigate and experience spirituality with clients.”** This inquiry is part of my dissertation work for a PhD at Blanquerna University Ramon Llull in Barcelona, Spain.
 Participate qualifications

You are one of eight therapists from different countries, all with a MA University degree and at least ten years of regular clinical work.

Your participation is completely voluntary. You may withdraw from this project at any time by calling me or sending me an email.

I will interview you via Skype or face-to-face (your choice) for approximately one hour to one hour and a half. Our conversation will be audio taped.

Within 14 days, I will transcribe the conversation and send it to you. You may edit, add or remove any part of what I have written. I appreciate your comments and suggestions and responses to my interpretations. However, you are not obliged to respond.

Confidentiality : Your name will not be used in my transcribed summaries or in my dissertation. To secure equal confidentiality to all participants you are asked to choose a pseudonym.

In my dissertation I will present you and the group of participants as follows: “The eight participants come from Norway, Greece, Canada, Brazil, Denmark, Argentina, Spain, Belgium and the USA. The participants are XX women and XX men, and their ages from XX. All of them have been working as therapists on a regular basis for more than XX years.”

I will not refer to your homeland when presenting you under a pseudonym, neither will I attach specific recognizable or sensitive information to the final presentation.

Please sign and return this to me in an Email as evidence that you understand and agree to participate in my research. You may print it at home and take a picture or scan it.

Thank you in advance,
 Amalia Carli

I agree to participateDate.....

I choose the following pseudonym -----

THANKS AGAIN FOR MAKING THIS DISSERTATION WORK POSSIBLE!

 APPENDIX 2: LINES OF INQUIRY

In order to address similar topics with each participant, I organized ten main questions following a flexible structure with the aim of covering the main themes addressed in the research question. However, the narrative, and the questions around it, developed in an idiosyncratic way throughout each conversation. Below is an overview of the main questions:

The ten main questions:

1. “So, to start with I would like to ask you: How do you understand spirituality? What is spirituality for you?”
2. “*Has your current understanding of spirituality changed in relation to your spiritual upbringing/background/interest/development/previous experience in spiritual matters?*”
3. “*Then I wonder if you could tell a story of a therapeutic encounter where you experienced a spiritual quality or experience? Or where spiritual matters had a central space? Could you exemplify?*” (This question is inspired by Narrative Inquiry as by Etherington, (2014)).
(It could then be followed up by: “*Could you describe one or two more situations like that??*” or “*Could you give an example of such a case?*”)
4. “*What did you do? How did you approach those spiritual/sacred moments or themes?*” (The goal was to understand the therapist’s interventions and resources).
5. “*How would you say these experiences influenced/affected you personally?*”
6. “*Do you have other colleagues you can discuss spiritual matters with?*”
7. “*Does a spiritual approach depend on the client you work with or the reason they asked for therapy?*” (The goal here was to understand whether particular problems or clients were given a more spiritual approach than others).
8. “*What are your views on psychopathology? How do you understand psychological suffering?*” (Some of the first participants referred to these issues so I included these in following dialogues when relevant to what the participant shared.)
9. “*How do you take care of your own spirituality?*” “*Do you have any personal practice?*”
10. “*Do you think that spiritual matters should be part of the training and/or practice of Psychotherapy? Could you elaborate on this?*” (Here the focus was more on the professional and political consequences.)

Finally, I asked demographic questions like age, professional background and training, work experience if that was not already spontaneously addressed by the participant (Patton, 2003).

 APPENDIX 3: EXAMPLE OF INTERVIEW FOLLOW UP

EMAIL COMMUNICATION WITH EFFIE:

(Personal Email Communication, September 21, 2018, at 10:47 pm)

Amalia Carli wrote:

Dear Effie,

I hope you are doing fine and that your summer holiday was good. I had a nice time here and a little in Spain—writing. Now I wrote a presentation of each of the 15 participants this will be a chapter for the commission, so they understand who I spoke with and why. By the time being is not public. I am not sure: 1) if you want your name or a pseudonym and if you have suggestions or changes? 2) may I name Manuel like I do in yellow highlight? (I have him among my references too); and 3) I forgot to ask you about your family religious background. Where they secular/practicing? In another email I will send you the parts of our dialogue I am using. I do not think there are confidentiality issues, but I want to be sure what name to put on paper.

Thank you so much Effie!

Warm greetings and much love.

Hugs,

Amalia

(Personal Email Communication, October 2, 2018)

Effie wrote:

Dear Amalia,

Thank you for the email. First you can use my name and Manuel's and you can highlight with yellow ... My family's religious background is, was Christian orthodox

It is good what you write, if you like you could add in your own beautiful way and also a way that is more academic ... something like this:

“Finding the blind spot of the client (that needs more sessions) the therapist is connecting it with the charisma the client has as a potential. Every weakness corresponds to a quality which is part of the boundless level. In this way instead of re traumatizing the weak part of the personality, which then is established as the most important thing that exists ...we acknowledge the possible trauma and we find the quality that is there as the other side of the same coin.”

This is a basic principle of “Time Therapy” the therapeutic form that Manuel developed ... In this way we reinforce the awareness of the spirit level that we are, which in turn activates the healing process, through the technique you described above.

Wish you an easy finish of your dissertation.

Love,

Effie

In a later email, Effie gives more details on how she applies Time Therapy (Schoch, 2005), her therapeutic method:

(Personal Email Communication, October 2, 2018)

Effie wrote:

Dear Amalia,

Thank you for the email.

It is good what you write, maybe we could add something...

Finding the blind spot of the client (that needs more sessions) the therapist is connecting it with the quality the client has as a potential and through that the healing process is possible. So like that instead of re traumatizing the possible trauma, we acknowledge the weak part of

*the personality....and find the quality that is any way there as the other side of the same coin
(Time Therapy (Schoch, 2005)*

*In this way we reinforce the awareness of the strength (the boundless level) through the
technique above...*

Wish you an easy finish of your dissertation...

Lots of love,

Effie

And here is my answer:

(Personal Email Communication, October 2, 2018)

Dear Effie,

Thank you so much for taking the time to comment on this—I will add it to the transcript.

Big hug to you

Love

Amalia

Some months later, I sent a copy of these citations to Effie. I wanted to be sure that she would approve of using our personal communication through emails in this chapter. This is what Effie wrote:

(Personal Email Communication, January 17, 2019)

Dear Amalia,

*Thank you for the email. I am totally in agreement with putting our emails as an example of
communication with the participants. Please go ahead and of course you could add if you
think it is appropriate this new part as well. The flow in our communication is something that
I really liked from the very beginning. Would love to meet you in the near future.*

Best wishes.

Love,

Effie

I chose here only to present Effie's contributions, yet other participants also contributed with useful comments. One of the clinicians, though, was very clear when stating I could *not* use any of the material from her emails in this chapter, since she only had signed an agreement about the interview material to be used. That was a pity because our conversation by email was good and her contributions important, but of course I had to respect her wishes. All in all, the process of communicating with most participants has been easy and fluid. The relationship we had established is important to acknowledge, and that they co-authored the re-presentation of the data collaboratively. McNamee and Hosking (2012) invite us to ponder on how we write about knowledge generated in our research and whether we present the results as if they were "THE TRUTH" or as interesting matters that emerge through the interaction between participant and researcher, which was the perspective I tried to keep.

 APPENDIX 4: EXCERPTS FROM THE REFLEXIVE JOURNAL

Autumn 2016. The plan is to have a Norwegian sample of about 8-10 psychotherapists/ psychologists. Dr. X recommended to position myself within research on psychotherapists.

I was told that in Norway that “I” (first pronoun) is not traditionally used in dissertation work and that subjectivity is not current either. It was pointed out that a dissertation has to be more formal. Yet, Taos contest such views and expectations.

-A social constructionist paradigm seems still less well known / applied in Norway. (What about Spain? My University – Blanquerna Ramon Llull has signed a collaboration with Taos institute, but I wonder whether research is quite traditionally framed there too? I have to ask my PhD advisor, Dr. Segura Bernal about it.)

-Was also told D & N’s book on *Spirituality, meaning and faith* “does not communicate good with Norwegian psychologists” since they use concepts differently than research does.” I have to therefore clarify what I mean by “research” + explain my paradigm.

-Interesting to discuss different theoretical underpinnings. I could expect opposing views to SC informed inquiry, so I have to take time to explain.

-Was told that “secular” psychotherapists/psychologists have “much resistance to word *spirituality*,” they thought “existential” would be a more strategic word to use (jfr. Jalom’s existential psychotherapy). -It is increasingly acknowledged that scholars and clients seem to relate well to the “S” word.

-I wonder how the Norwegian participants would react now. Last time I discussed the matter (2012) they seemed comfortable with using spirituality.

-I feel that I do not want to choose a name out of fear of rejection. Anyway, I resist to make “strategic” changes. I want to move on and learn and apply SC in order to approach the subject matter. Others cannot decide what I should write about. Maybe if I was doing research within an academic milieu I would have to conform more. But not now, at *my age*.

-I was made aware that spirituality has too much *fluctuation*, and that I have to have a *solid definition of this concept*. I have to explain why this is not possible. Show to SC views (Bidwell, 2016) +The Tao.

21st March 2017 - Bowling Greens USA. Participated from Dr. Pargament’s retirement seminar. Most inspiring. Dr. M gave a lecture on relational aspects of spirituality, though is seemed to relate mostly to shared *religiosity* in families. I have to explore this. I was planning to interview Norwegian participants and asked Dr. P. what he would recommend. He replied (more or less): “*Who do you want to reach?*” Hmmm. I want to reach readers *outside* Norway—so I should change the plan to include participants from other countries, like Argentina, Norway, USA, Spain. I have to think about it. Generous Dr. P. gave me one of his last articles—a very special journey indeed. I felt connected with the landscape there, so dry, so flat, the same earth quality than in Patagonia.

20th May 2017 - Barcelona. After the presentation of the dissertation plan. Many good suggestions and observations to take into account: 1) point out that this is a *Western World* sample, since I plan to have participants from Europe and the Americas. 2) what about client’s therapeutic “demands”—or expectations—do these influence spiritually being addressed by Th.? Good questions. Uplifting.

1st June 2017 - I am unclear about methods and wonder if I would apply NI, reading a lot about it, but I feel it would take too much time. I am not confident on grasping NI well enough.

15th June 2017 - I have one participant from Argentina, another got sick. Brazilian did not answer. I decided to concentrate on Western Europe, purposive sample from different countries, some participants who work in state supported clinics, so their clients are from different social and religious backgrounds.

7th July 2017 - Had two new interviews, Helen and Petra, I did the transcripts and missed to have done more thickening questions...struggling a bit with NI, it is a beautiful but demanding method. Besides it does not allow for hiding confidential information as I should. Interesting that both H. and P. are into shamanism, surprising and kind of synchronistic. Helen’s *soul retrieval* sounded amazing; I would like to learn about it. H. me put me in touch with a Scandinavian shaman school. There they recommended a shaman/psychologist who could show me soul retrieval. It would like to experience this process.

10th August 2017 - Still wondering which method to apply. I got feedback on some of the interviews that could work well for Narrative Inquiry, but I still feel insecure about using this method. I read work by Frank and Etherington, which makes NI so compelling, but also demanding. I wondered about combining qualitative research Interviews and NI. I was told it would be like doing two dissertations...I have to make it doable. I am more acquainted with InterViews as a method. I could add thickening questions, inspired in NI and work this out in the Lines of Inquiry. *InterViews* or *conversations of lived experience?*

20th August 2018 - Dr. F. pointed that *we all interview*. I chose “interview” then + clarifying about it.

14th May 2018 - I was asked about the way I address spirituality and religiosity, and what would I do if the participant chooses the latter. Of course, I have to allow the participant to define by him/herself. I read the transcripts once more and the participants do not name religiosity but give their view of *spirituality*. Some participants named angels. I was made aware that angels are related to religious traditions.

7th July 2018 - I have already 3 participants from Norway, and I could have more but then it would be *too* Norwegian a sample. I also have 3 participants from England. That went very well, but I am still struggling to get anybody from Spain! I contacted a therapist who wanted to participate last summer, but she's too busy. Since this is a Spanish Univ. it would be good to have some participant from there. Dr. A is not interested in spirituality but offered to help. It seems difficult to find a Spanish psychotherapist/psychologist with a spiritual interest. I searched the web for Spanish psychologists + clinics with what looked as a spiritual approach. Found one psychologist to whom I wrote. Seemed interested but pulled out. Found two clinics, one Catalan psychologist answered! It seems as if Norwegian psychologists are more open to spirituality than Spanish psych. Is that because of Franco's oppressive use of RC church?

3rd August 2018 - *Somewhere in Europe*. Met Jamie, shaman psychologist, but could not do soul retrieval before getting in touch with my power animal. Such a simple, beautiful experience, very moving. Jamie accepted participating which is wonderful.

10th September 2018 - I find most of the narratives so poetic... I wonder if I could highlight this dimension too. The data shows so many dimensions: my own participation in Effie's exercise, and in Jamie's can't be in focus, but the poetic quality of some of the stories is also important. It seems to suggest participants get in a spiritual/poetic mode. K suggested I put some narratives as stanzas, I started doing it. Powerful.

23rd December 2018 - I have 15 interviews of Western European participants. I'll stop here. I like the number! And it is 3 from 4 countries and 3 from 3 others... The meaning is not to be representative any way, but nice with some variation. Overwhelmed by a lot of material. When it comes to the way spirituality is understood we could talk of saturation but not when it is about navigating, experiencing and integrating. There are lots of differences here. I wonder how I can reflect the richness in the data. I'll organize Findings and Discussion in 3 chapters after themes in research question.

6th February 2019 - Again it was pointed out that spirituality is too unprecise or fuzzy. Was also told it was too wordy. I have to keep on shortening, editing, cutting, *killing darlings*. Particularly the part on shamanism it read as if I was made a case for it. It was also pointed out some parts sounded as New Ageish... Dr. Y. missed more friction in the text. I agree. I see that now. I re-read and I often say the findings *are in keeping* with scholarly work, etc. but less indication of conflict or dissonance w/ other views. I'll review and edit so to indicate that some literature is not in agreement with generated findings.

18th March 2019 - I was told my critical views on religion could hurt religious persons and was warned this could have negative consequences for me etc. I'll edit some parts of the dissertation and still be transparent about my stance, and genuine to that of the participants. I want to be respectful yet fear and conformity cannot influence what I write, not at this stage of life. Fear is to be overcome, feel it and go through it, like a shamanic journey. Just need good arguments.

12th April 2019 - Uppsala. Was made aware of ethical issues after having kept the real names of those participants who insisted in doing so. The problem is that this does not harmonize with the ethical authorization I originally got from URL. These colleagues sounded really concerned about this. I felt as if I had done something inappropriate. Ethical standards are really strict up here, which is very good, **21th April 2019** - Scared and glad I was made aware of ethical issues about "real names". I wrote to dr. Carbonell and dr. Gomis Bofill asking for an amendment of the ethical authorization. It was approved.

25th April 2019 - Talked to Dr. KG: constructive feedback, yet he missed a more practical oriented, *Wittgensteinian* inspired final chapter (Gergen, 2019). I changed "Conclusions" into "Practical Implications." I understand a Conclusion would not be in keeping w/the dissertation's paradigmatic underpinnings. I like the idea of putting emphasis on how the generated findings can pragmatically influence practice. Reading articles on Wittgenstein + books from library—I think I better understand what he meant with *forms of life* and *language games*! Inspiring + demanding reading. Pity I grasp these views NOW, at the end of the dissertation BUT can't make it *too* philosophical either.

