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Handling Spirituality/ Religion in Professional Training: Experiences of a Sample of Muslim Psychology Students

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ABSTRACT: With increasing research interest in the relationship between spirituality/religion and mental health, the present study uses semi-structured interviews on a select group of Muslim students to explore their understanding and handling of spirituality in a secular training programme. Their understanding of spirituality, its perceived role in therapy and their training experiences are subjected to qualitative analysis using the framework approach (Ritchie & Spencer, 1994. In A. Bryman & R.G. Burgess (Eds), *Analysing Qualitative Data*. London: Routledge). All five participants perceived spirituality as central to human functioning. Probes into their training experience uncovered issues of bias against religious applicants, apprehension about demonstrating religious commitment, fear of punishment for compromising religious integrity, better rapport with Muslim patients but general uncertainty about handling spiritual issues in therapy, and a strong desire for the integration of spirituality/religion in the program.

KEY WORDS: Muslim students; mental health; professional training; spirituality.

In recent years there has been a significant escalation of research interest in the role of spirituality and religion in improving the physical and mental health of individuals and communities. As a result, several disciplines in the mental health and helping professions like psychiatry (Blass, 2001; Breakey, 2001; Coyle, 2001; Puchalski, 2001), social work (Epple, 2003; Prest, Russel, & D'Souza, 1999), nursing (Callister, Bond, Matsumura, & Mangum, 2004;

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Greasley, Chiu, & Gartland, 2001; Long, 1997) and to a comparatively limited extent, psychology (Hill, 2000; Johnson & McMinn, 2003; Martinez & Baker, 2000) has begun to address the need to include spiritual and religious concerns in their training programmes and in professional practice. In observing the flood of literature on the link between spirituality and health in mainstream medical journals, Moss (2002) notes that psychology is "lagging behind" (p. 647) by not focusing on spirituality in research and clinical practice.

Psychology's general reluctance to embrace the importance of matters spiritual/religious can be traced to the history of the discipline. As an endeavour to establish itself as a scientific discipline, only rational observable phenomena were accorded the attention they were deemed to deserve. In spite of the ideas of William James, key figures like Freud, Skinner and Watson influenced the discipline with their antagonism toward religion, with the result that most of the current training programmes emphasize "proper" scientific procedures with little or no accommodation of the spiritual/religious.

The pervasiveness of this reluctant partnership between religion/spirituality and psychology may be seen in the fact that a fairly recent report by Huey and Britton (2002) on clinical psychology, albeit limited to the United States and United Kingdom, makes no specific mention of the role of spirituality in the profession. Interestingly, they promote the requirement that clinical practice should be guided by proven methodologies and approaches. If this guideline, that practice should be informed by research evidence is to be followed, then the discipline of psychology cannot afford to ignore the empirical evidence of the positive link between spirituality/religion and mental health (Koenig, 2001; Larson & Larson, 2003; Myers, 2000; Seybold & Hill, 2001) while mindful of the words of caution from Thoresen (1999) with regard to the tendency to assume a causal link between spirituality and mental health. Hackney and Sanders (2003) in their meta-analysis also point out that the relationship between religiosity and mental health is associated with the differences in researchers' conceptualizations of the constructs.

Surveys done on the American public indicate that there is a general preference for therapists who acknowledge their spiritual concern (Sperry, 2001). While it has been assumed that psychologists, in general, are less religious than the public, recent evidence seems to indicate that this may be changing (Shrafanske, 1996, cited in Hill *et al*., 2000; Bilgrave & Deluty, 1998). Sperry (2001) also points out that students are more and more eager to understand the influence of spirituality on their professional and private lives. Martinez and Baker (2000) and Lewis (2001) call for increased research attention to the religious orientation of counsellors in training and the importance of training counsellors to deal with spiritual concerns of clients, respectively.

These trends seem to be having some impact on the profession. Tisdale (2003) mentions the inclusion of religion as an area of human diversity in the APA's *Ethical Principles of Psychologists and Code of Conduct* as well as the

inclusion of religious/spiritual issues for clinical attention in the revised version of the *Diagnostic and Statistical Manual* (DSMIV).

The general tendency of clinical and counselling programmes to ignore the significance of spiritual/religious issues in training has necessitated the introduction of integrated programmes that make these issues central to professional development (Johnson & McMinn, 2003). While these initiatives in the United States address a need in a predominantly Christian society, other major religious groups, like Islam, are excluded from such developments. For example, Walsh's (2001) multicultural and integrative model of spiritual practice (described in Sperry, 2001) based on Western and non-Western perspectives, draws on Buddhism, Judaism and Hinduism. In attempting to develop an understanding of spirituality, Piedmont (1999) conducted a focus group of religious scholars from various traditions: Christianity, Buddhism, Judaism and Hinduism. Khalili, Murken, Reich, Shah & Vahabzadeh (2002), in their reflections on "The First International Congress on Religion and Mental Health" held in Tehran in 2001 note that Muslim scholars working in the field of psychology and religion have not received international recognition.

Choosing spirituality

One of the sources of confounding or confusion, given the number of religious/spiritual perspectives that do exist, is the way in which religion and spirituality are defined in western academia. In the literature the terms are either used interchangeably, treated as distinct concepts or are seen as overlapping constructs.

Zinnbauer *et al.* (1997), Zinnbauer, Pargament, and Scott (1999), Pargament (1999), and Hill *et al.* (2000) present comprehensive accounts of the different conceptualizations of spirituality and religion. They also caution about the danger of polarizing the two constructs, setting up religion as the "bad guy" and spirituality as the "good guy" given the decline in organized religious activity and the recent interest in spirituality.

Although they argue that every major religious institution is ardently concerned with spiritual matters, there does not seem to be much in terms of research attention to the ways in which adherents of the major religions define and understand spirituality. While the debate around the terms spirituality and religion continues, at this point in time there does seem to be agreement that the terms are multidimensional in nature, that meanings have evolved over time and that they need to be understood within the larger context of social, personal and situational forces.

Considering the sensitivities surrounding the profession's attitude to religion and a "softer" approach to spirituality, for the purposes of this study, it was decided that a more general conceptualization of transcendental experience and belief systems in the form of *spirituality* – which may or may not

encompass religious concerns, would be used. More appropriately, Sinnott (2001) warns that while we may be wary of promoting any specific religious practice, we may be more likely to agree that there is a spiritual dimension to our client's existence – one that plays a role in our understanding and treatment.

In the absence of empirical evidence to support the proposition, this study makes the assumption that followers of the major religious traditions may hold their own unique views of spirituality.

Further support for the decision to focus on spirituality is taken from Piedmont (1999) who provides compelling evidence for the possibility of spirituality being considered as the sixth dimension, an addition to the Five-Factor Model of personality. He adds that spiritual strivings have unique potential for the development of personal well-being and physical health. In addition, Sperry (2001) points to the overlap between spiritual and psychological dimensions.

In health care disciplines the move to a holistic model of care which embraces physical, mental as well as spiritual functioning of individuals has resulted from the growing realization of the centrality of spiritual issues in the lives of many individuals. Khalili *et al.* (2002) point out that the Islamic view of human nature is a holistic one. According to Moore, Kloos, and Rasmussen (2001), spirituality and religion offer endless perspectives on human behaviour.

A much needed area of investigation would involve surveys of trainee clinicians and clinicians in practice on their understanding of spirituality and the need for skills development in the area of spiritual and religious problems.

Psychology's neglect

With the growing realization of the importance of spirituality, through empirical evidence of the positive links between mental (and physical) health and spirituality, with public interest as indicated by the plethora of popular psycho-spiritual literature that espouses the principles of spiritual lifestyles and the public need, it would seem that the discipline of psychology needs to respond in a more proactive and urgent way. Baker and Wang (2004), on the exclusion of spirituality and religion from the discipline, warn that psychologists risk being "out of touch" with their clients on "a major formative influence" (p. 126). Shah in Khalili *et al.* (2002) contends that any attempt within the Islamic approach to exclude values and do therapy without considering the client's religion is an exercise in futility.

More specifically, given the cultural diversity of the South African population, it would be expected that clinicians and counsellors may be faced with some patients/clients having spiritual/religious issues at the root of their presenting problems. How well equipped are our clinicians to handle these cases? It may be argued that these individuals could be referred to the

appropriate personnel, in the form of ministers of religion, faith healers and so on. The point remains that, if indeed spiritual issues are at the root of the presenting problem or are contributing to it, this will firstly need to be recognized by the helping professional before appropriate action may be taken.

Another overlooked dimension is the psychologist's own value system in the helping relationship. It is well known that one of the cardinal rules of professional training has been the exclusion of the clinician's personal values from the therapy process. This orientation is being challenged with observations like "a value-free or value-neutral approach to psychotherapy has become untenable, and is being supplanted by a more open and complete value-informed perspective" (Bergin, 1996, cited in Baker and Wang, 2004, p. 297).

Sperry (2001) observes that while trainees are found to be more eager to discuss their spiritual concerns with their supervisors, helping professionals appear to be reluctant to discuss spiritual values with their students.

The focus needs to be on those who see themselves as having the potential to handle spiritual issues in a sensitively appropriate manner and who therefore require the proper training.

The personal and professional needs of both clients and clinicians should be understood within the context of global changes (multicultural societies resulting from migration) and worldwide threats to the well-being and safety of people (terrorism, HIV/Aids pandemic, unemployment and poverty, natural disasters). Increasingly, through the search for some kind of meaning in their lives, and disillusionment with organized religion, people are turning to spiritual sources for comfort and reassurance (Thoresen, 1999).

The present study arose out of the experience of the second author, who being a religiously committed Muslim had difficulty maintaining a value-free approach in his (secular) training as a psychologist. Informal discussions with fellow trainees uncovered similar concerns and the decision to focus on the experiences of colleagues espousing the same faith, that is Islam, was taken.

Following the plea made by Bergin (1990) cited in Baker and Wang (2004) that "If the connections between psychologists' work and their deepest human commitments are to be understood, these aspects must be examined and appreciated" an in-depth qualitative approach was used. The study focused on their definitions of spirituality, the way in which they perceived the role of spirituality in therapy and their experiences (as Muslims) in training.

Methodology

Sample

A sample of five female Masters students at the former University of Durban-Westville, South Africa, constituted the final sample. All (five) Muslim students were invited to participate and all, who happened to be female agreed to be interviewed.

The ages ranged from 25 to 32. Two of the students were in the "M1" year. This is the first academic year of the coursework degree. It is basically theoretical with some practical exposure as well as oral and written examinations.

Two of the group were in their "M2" year, which is the internship year – consisting mainly of practical training in approved sites (hospital and community work). One of the students was in the 3rd year of study, having completed the internship, and in the process of completing the mini-dissertation. The group comprised a mix of both clinical and counselling students. Both sets of students receive the same basic training at the university in the first year. For the counselling students, the internship is conducted at the University's community clinic, the Community Mental Health Project, while the clinical students undergo their training at approved local hospitals in the Durban area.

Instrument

A semi-structured interview schedule was used to guide the interview process. The schedule focused on the following: definitions of spirituality, the perceived role of spirituality in psychotherapy and professional training and the student's personal experiences regarding the handling of spirituality and religious issues in the training programme.

The benefits of this approach include the fact that it allows some degree of flexibility in conducting the interview – allowing the interviewer to probe issues that arise during the interview.

Procedure

The proposal was presented to the School's research panel, after which permission to conduct the study was sought from the University's Ethics Committee. The individuals that fit the criteria were invited to participate in the study.

Informed consent was obtained from the participants and appointments were set up. The interviews, which were conducted in the School of Psychology, were tape recorded with the participant's permission. Relevant process notes were taken for a comprehensive data analysis. The interviews ranged from 45 min to 1.5 h.

Data analysis

The data obtained from the semi structured interviews was analysed using the "Framework" approach, a method extended and refined by Ritchie and Spencer (1994). They describe it as an analytical process that involves a number of distinct, though highly interconnected stages. It basically involves a systematic method of sifting, charting and sorting material according to key issues and themes. The five main stages involved are: Familiarization, indexing (coding), charting, and mapping and interpretation. The codes, charts and diary notes were reviewed and overall patterns and themes were

checked rigorously, verified, separately by each author and then discussed together before consensus on the main themes was reached.

Results and discussion

As a means of opening the debate on the importance of spirituality an exploratory study in which a small group of trainee psychologists were interviewed on their understanding of spirituality, their experience with spiritual issues in their training and the perceived role of spirituality in therapy was conducted.

Definition / understanding of spirituality

While they were asked to share their understanding of spirituality, without exception participants made reference to the role of religion or the relationship between spirituality and religion.

In two cases the respondents defined spirituality in terms of the relationship with a transcendent being.

> P1 (Spirituality) ... is my er personal relationship with God and how that guides my daily life, thoughts, deeds and that obviously is very much linked to religion.

> P2 My understanding of spirituality involves a belief in a Higher Being, in something that is not quite rational...would be a belief in something that needs to be accepted on faith.

As noted by Zinnbauer *et al.* (1999) one of the ways in which spirituality and religion are polarized in contemporary usage relates to the characterization of an organized religion versus a personal spirituality

> P5 I am really confused with spirituality and religion. Spirituality for me is someone who does not really have to follow the principles of the religion and that prays and all of that, but spiritual in terms of *who they are* as people, what type of people ... but someone who is religious prays five times a day, fasts during the month of Ramadhaan ... adheres to all the principles ... dresses accordingly ... to be a Muslim, is more to do with my religion, than has to do with my spiritual aspect. These two are, at times, mutually exclusive.

> P3 I think very often Western academic, or Western oriented academia tends to confuse the concepts of religion and spirituality.

> I cannot say that because I am a Muslim I am spiritual or because I am spiritual I must be a Muslim.

Resonating with Mauritzen's (1988) description of spirituality reported in Zinnbauer *et al.* (1999) as the human dimension that transcends the biological, psychological and social aspects of living, Participant 3 says:

> ... spirituality is a very crucial dimension of one's self, of one's existence. Just as you have your biological self, you have your psychological self. You have your social self and I think we also have more importantly your spiritual self. And for me spirituality is the ability to be at one with yourself, with your world, your universe and your Creator ... it is not a piecemeal process ... it is systematic and it occurs over one's evolution, of one's development ... it largely impacts on other aspects of yourself ... on your psychological functioning.

Contrary to the expectation that since all the participants were practicing Muslims, they would share a common understanding of spirituality, their responses were quite diverse. In different ways, however, they made the point that spirituality is an essential component of a person's make-up.

> P3 Spirituality is an integral component of one's identity and one's existence.

> P4 Spirituality is an aspect of our humanness that guides us, that connects us to every other form of life that exists on earth and I feel that ... er ... through spirituality we will be able to find our connectedness. Our spirit is a guide to us.

Several themes are evident:

Closeness to God or a Higher Being, one of a life guide and of a connectedness with the universe and as an aspect of functioning that impacts on other dimensions. These themes are consistent with the conceptualization of spirituality and reflective of the multidimensional nature of the concept as reported by Zinnbauer *et al.* (1999).

Although this constitutes a rather limited sample, the fact that there was agreement on the central role of spirituality in a person's life, is significant. This finding supports the argument presented by Hill and Pargament (2003) for the understanding of religion and spirituality as a motivating force that provides direction for living for many individuals. This has implications for the way in which this sample, as future practitioners, would view and understand the functioning of their clients and how they would approach the management of the cases they treat.

The perceived role of spirituality in therapy

In view of the centrality that the sample accorded to spirituality in patients' lives it was not surprising to find that they also regarded it as crucial in understanding clients' mental health problems. This has profound implications for their perceptions of their effectiveness in clinical practice given the

secular nature of their training. As will be seen later they all felt that a vital aspect of training was neglected.

The link between spirituality and behaviour (that of clients and their own) was addressed at several levels: The role of spirituality in understanding the client's *background*, *attribution* of the cause of events to spiritual reasons, the impact of *neglecting spiritual needs* in clients and implications for their own therapeutic *practice*.

Client background

All participants agreed that knowledge of the client's spiritual background is essential in order to understand the presenting problem. Even when faced with someone of another religious faith, participant one says

> I need to know more about where you are coming from before I start to tell you anything ... how can you guide somebody when you don't know where they are coming from?
>
> P2 ... in exploring the client's perceptions of their spirituality, of the role it plays in their lives, ... We need to be able to understand that from their perception, to be able to help them better'.

Carolan, Bagherinia, Juhari, Himelright, and Mouton-Sanders (2000) echo this sentiment by stressing the importance of diversity and cultural differences in understanding the client's background.

Attribution

The "inexorable link between mental health and spirituality" (Coyle, 2001, p. 169) is further reinforced by participant one in the following:

> P1 Spirituality ... determines the way you explain what happens to you. From an Islamic point of view, these people who hold their faith close to their hearts, when things happen to you, there is a certain rationale. When there is death your *religiosity and spirituality* defines *the way you are going to interpret that death or how you are going to respond to it.*

Impact of spiritual neglect

The belief that mental illness is the result of spiritual failure is, according to Coyle (2001), a common notion among patients. While not referring specifically to mental illness, two of the trainees saw spiritual failure as the underlying cause of problems:

> P3 ... People coming to you with questions on the meaning of life – people with existential dilemmas – I found that often affects their psychological functioning ... they begin to masquerade as patients with depression, patients with anxiety and

> when you investigate you see that it is a function of an incomplete or disrupted spiritual development.
>
> P4. I feel that it is because we are not connected to our spirit that is why we have those difficulties in our lives. If we listen to that voice that guides us (spirit) we would not be in so much conflict.

The inverse is offered by Hathaway, Scott, and Garver (2004) in their suggestion that spirituality/religion as an important area of functioning may be impaired by psychological disorders.

In either view, support for the significance of the spiritual/religious domain is unquestionable.

Implications for practice

Despite the secular training, the trainees had very clear ideas about their responsibilities in the therapeutic relationship and how their beliefs could impact on their practice and understanding of behaviour change:

> P5 Spirituality has a lot to do with the profession, because there is actually an Association of Muslim Social Scientists, which is now being formed because they feel *that religion, especially for Muslim practitioners has a very big role in their practice.*
>
> It is so much part of your life...
>
> P4 In order for us to empower people we need to create an area where they will take responsibility for their own lives and they can do that when they access their spiritual being.
>
> P3 If you have a patient that comes in ... you find that there are deep-rooted spiritual issues that come to the fore, the meaning of life ... as a mental health professional one has to tap into the dimension of spirituality.

On the need to make the link between psychology and spirituality, participant four says:

> If we do make that link more pronounced or emphasized it more, then we will have more growth within human beings ... we will have people that arrive at more insight within their inner world.

Although the trainees felt very strongly about the centrality of spirituality in individual functioning, actual integration of these ideas were restricted by the training.

While Tisdale (2003) notes that in religiously oriented models of care the centrality of spirituality to all persons is assumed, the overwhelming support for the idea in this sample of religiously committed trainees receiving secular

training is significant, but not unexpected. The recent shift in attention to spirituality as reported in the literature is also reflected in the following:

> P1 If we look at the media ... at the literature we are entering a new millennium there is a deeper move in the direction toward spirituality ... there is a greater force.

> Psychotherapy has got to move with the times, so if there is a change towards spirituality, of people looking for other means for answers, and if they come to you as a guide, so to speak, as a therapist, then you must have a sort of background in this counselling.

> P4 Definitely so, especially in South Africa. Overseas there has been a lot of hype about this kind of thing.

Moreover, it is interesting to note that one of the trainees credit Dr Deepak Chopra and Iyanla Vanzant (rather than her religion) for raising her consciousness about the importance of spirituality lending support to York's (2001) explanation for the recent popularity of the spiritual over the religious. He blames this trend on the "commodification" of spirituality and the media's role in "selling" spirituality to the public.

Experiences in training

The consequences of being constrained by a training programme that completely eschews an outlook or philosophy of life that is so fundamental to the functioning of the participants of this study include feelings of frustration and conflict, uncertainty and inadequacy and a "show" of what the discipline regards as appropriate or professionally acceptable behaviours.

As students in training they were able to refer to incidents during the course that presented unique challenges on how to appropriately incorporate spirituality both in their understanding and handling of cases.

Their inputs ranged from the experience of academe's negative attitudes to issues of spirituality to their deliberate attempts to present an acceptable "image" thereby compromising their principles and their religious integrity.

Respondent 3 comments on Psychology's stance:

> Psychology as a discipline identifies itself as a science; it invariably divorces itself from anything that is religious ...

> In the fervent attempt of psychology to be recognized as a science, it ignores and purposefully neglects the spiritual aspect of psychology, the spiritual aspect of man's nature, because that is not scientific, that is not something that can be tested in a laboratory.

The similarity between the results of the present study and that of Baker and Wang (2004) is quite significant. Although their sample was made up of Christian employees in a secular institution, the issues remain the same. In response to the question regarding their experiences as Muslim students in professional training, apart from the interesting difference in their experience of dealing with *disclosure*, the issues they raised were strikingly similar - *bias, uncertainty, feelings of incompetence.*

Bias against religious applicants to a professional training programme

As part of their response to the question of their experience in training, the accounts they shared regarding their applications for selection are similar to the observations made by Johnson and McMinn (2003) in their argument for an integrative clinical programme. They cite research that demonstrates prejudicial attitudes toward applicants who are overtly religious.

In this instance the candidates were found to deliberately change their behaviour and dress to appear 'professionally acceptable'.

Reflecting on the selection process for acceptance into the programme, the trainees note:

> P1 Those interviews that we had to go through ... a colleague was more openly Islamic ... she was known for her strong beliefs ... was held against her and she was not selected.

> P5 When we were involved in the Masters selection ... if I came to the interviews dressed up conservatively, you might not have been picked, because you'd be seen as being too rigid, not fit enough. It is implied that you will be too conservative with your clients, and you'd impose your views on your clients, you know when I was asked that question about religion, I said that it is important, I won't impose my values. *You say things so that you can get in...*

> In my selection interviews I was so careful not to give off that I was religious, in any sense, not at all. I 'played' it. I would have lied just to get in. I would have said I believe in suicide.

The compromise of religious integrity in specific instances appeared to be a source of tension and distress, which seemed to be a pervasive theme for particular individuals.

Handling secular training

The uncertainty, feelings of incompetence and helplessness were clearly demonstrated in their reports of their handling of spiritual issues in training.

> P2 I think it hindered my psychotherapy with the client to a large extent because of my uncertainty of how to deal with it, because of how unprepared I was to deal with that very vital part of psychotherapy.

P3 We are ignoring a very important dimension of treatment that makes our therapy incomplete...it makes me question our actual efficiency at the end of the day.

P4 If we don't approach a human being from a holistic point of view, we only have the job half done.

The view is consistent with the Qur'an's holistic view of human life, one that involves a balance of the spirit (*Rouh*), the mind (*Aghl*), the soul (*Nafs*), the intellect (*Aghel*), the physical (*badan*), and the emotional (*Atefah*) (Carter & Rashidi, 2003).

In the absence of guidelines on how to handle potentially difficult situations there was confusion about the appropriate intervention:

P5 If I am to get a Muslim client and I worry that my client is suicidal ... Can I bring in my religion or can I say, you know in terms of Islam we are not allowed to take our lives. Can I bring in the whole issue of death and what is going to happen to you in the Qabr (grave) and how you are going to be punished (Akhira, the Hereafter) Can I say all this?

Participant 5 was very clear:

If I have to have my private practice then I will bring in my religion ...

and most vociferous about the restrictions and conflict that she experienced:

I am also bound by the academic institution ... I feel very constricted and held back. Because I feel I am going to be marked down for it. If they see your video on it and ask you, why did you do that with the client and you say, because the client is Muslim. You're not allowed to do that.

I am doing my research on polygamy in Islam, ... when I did my presentation, it was almost immediately picked up that I was holding back, I wasn't letting my views out ..."... the whole department is sort of against your religion, being spiritual.

In the same way, the religiously committed psychologists interviewed in the studies by Martinez and Baker (2000) and Baker and Wang (2004) sensed disapproval from their trainers and colleagues, respectively.

Several implications are obvious in this perception. If you are viewed as religious, it follows then that you would be conservative and somewhat inflexible in your approach to treatment. There also appears to be the perception that trainers would not expect them to use their discretion in dealing with their clients in an appropriate way, but would 'impose' their values on the

client. It is interesting to note that one of the trainees commented on how Islam taught her to be more tolerant:

> P1 '...Being a Muslim, the thing that I learned is to be tolerant of others and their beliefs. Do not judge others...'

When discussing a hypothetical case of major depression:

> P1 I would not tell them things like ... God is guiding you or that God is putting you on trial, I would not tell them that. That is not my place to do so.

This cautionary approach which was in evidence in their sample as well, Baker and Wang (2004) calls an "under-stated" expression.

In attempting to deal with the situation they developed strategies to adjust to the expectations of the training programme.

> P1 But in instances where my Islamic background was not a common factor between the two of us, I just did not go into it.

This strategy appeared to be related more to the uncertainty of how to handle the situation rather than deliberately ignoring the spiritual issue which Coyle (2001) refers to as a "blind spot" in therapy. The tactic of "holding back" so as not to appear overtly religious is evident in the following:

> P1 I learned ... do not bring it into the open and argue with them ... if you do you are putting yourself on the line; people are going to judge you negatively on that... with that in mind I held back.

In similar fashion that psychologists in Baker and Wang's (2004) study reported that they used nondirective prompts to allow clients to explore their ideas on spiritual issues, the trainees in this study allowed the client to guide her:

> P3 When I consult with Muslim patients, I allow them to take the lead. Because having been trained in a position that states you don't impose your own cultural identity or your own religious identity on your patients – I have consciously or unconsciously evaded that issue unless I get a lead from the patient. But if I see a non-Muslim patient and this patient speaks about God then I bring in God, but I don't bring in Allah...I bring in God.

Given that they had had a relatively limited period of training at the time of the study, it was worth noting that each one of them had developed different strategies of dealing with the lack of training in the handling of spiritual issues.

Disclosure

Unique to this sample was the difficulty or even impossibility of not disclosing their own religious affiliation. Unlike other religious groups, a Muslim name almost certainly means Islamic affiliation. The Christian sample used in the Baker and Wang (2004) study reported difficulties in coping with the restrictions that their training placed on them especially with regard to issues of disclosure and the challenge of coping with clashes in values and the conflict that these experiences caused both personally and professionally. With the present sample their ability or even the intention to keep their religious affiliation out of the relationship was certainly not easy to maintain. Clients would know, by their names that they were Muslim and this identification was experienced as facilitating rapport:

> P1 It helped when I see fellow Muslims, or patients and they would immediately ... upon hearing my name – as Muslim and I could not, of course, stop them from doing that, but you know in that sense it created better rapport ... They trusted me, obviously because I was Muslim before they could see that I have the skills or not .

> P3 If I have a patient they will say to me, I see that you are Muslim ... you will understand how I feel. That gives me the incentive to follow and perhaps incorporate religion and spirituality in my therapy.

This identification with a fellow Muslim was perceived as a positive dynamic of the process and did not seem to present tensions and conflict, as was the case with the Baker and Wang (2004) sample. In similar vein, Carolan *et al.* (2000) found that the Muslim community surveyed preferred a Muslim therapist as their first choice, with a caring, sensitive non-Muslim who was familiar to them as their second choice.

Personal repercussions

Participant 5 felt strongly about the personal repercussions of not addressing this vital dimension of functioning:

> So I will be punished if I don't help the person, if I don't highlight that suicide is not allowed in Islam. In not obeying my God at the end of the day when I go home I have to be repentant to a Higher Force, my God and answer now and when I die (for my actions) and that is what scares me.

In sharing her account of the "acceptable" behaviour that she felt forced to feign, she says

> Look at what I had to do in order to get in, I had to disown my religion, disown my values and my morals, just so that I can get a place ... it does have a negative effect. It leaves you feeling like: Who am I? When I left I was a totally different person, I didn't know who the person was when I was in that interview.

> I just feel that I am caught between a rock and a hard place because I have my own personal values. I am a Muslim and deal with Muslim clients, and if I don't say certain things, concerning my religion to my clients, there is a Higher Force than me. I will be punished. My profession is only for Dunya (Worldly) and not for the Akhira (Hereafter) so I need to do things for the Akhira not for Dunya ...

The following distinction made by Shah in Khalili *et al.* (2002) captures the reason for the "torment of soul" (to borrow an expression from Sorenson (1994) cited in Baker and Wang (2004)) that these religiously committed trainees experience as a result of their secular training:

In the secular model of Western epistemology, religion is seen as one subsystem among others like politics, economics etc, while in a religious based epistemology like Islam, religion is not one cultural subsystem but the foundation and framework of everything else.

Given the intensity of the feeling about the central role of spirituality, one cannot help wondering what happens after training - away from the restrictions of the programme's expectations. Martinez and Baker (2000) mention the decline in religious intensity that the sample experienced after training while Tisdale (2003) describes her experience as a paradigm shift from a predominantly psychological perspective to a more holistic one that acknowledges body, soul and spirit. Abdullah (2003) reports a trend, which encourages Muslim therapists to integrate the positive aspects of western counselling with Islamic psycho-spiritual methodologies in facilitating a positive change in Muslim clients.

Recognition of need for training

There was overwhelming agreement that the training should include some instruction and guidance on ways to handle spirituality and religious issues in therapy. On exclusion of spirituality from training, they said

> P1 ... it was ignored as far as I could see
>
> P2 ... it was not touched on in our training ...
>
> P3 We're actually not trained on the spiritual aspect of human nature
>
> The spiritual component of psychotherapy is not given adequate attention ...
>
> P4 That aspect of humanness is not being addressed
>
> P5 ... it is not even covered, and it is not even encouraged

In the same way, Hathaway *et al.* (2004), Hill and Pargament (2003), Martinez and Baker (2000) and Sperry (2001), among others, point to the effect of the omission of training on the handling of spiritual issues in professional programmes. There appears to be an urgent call to match client

needs with the appropriate training so that the ethical behaviour of the practitioner and effective interventions are not compromised.

Examples of the sample's suggestions for integration include:

> P1 I think they should have included something like that in the curriculum, because if you are looking at grief and bereavement, spirituality is bound into it ... you are more equipped if you have some training.
>
> P2 It should be covered ... The notion of spirituality and a Higher Being and how it can help us and assist in therapy ... but more from a generalist perspective rather than specifically from Islam.
>
> P3 ...we are trained in a bio-psych-social approach whereas I would like to see the bio-psycho-socio-spiritual approach.
>
> P4 I am very excited that you're doing this study because I would like for people to be conscientized about the spiritual side of the human being.
>
> P5 If a depressed client can be given drugs, why not use spirituality with a client- it also has the means of deterring a person from committing suicide. It (*spirituality)* should be put in or you must be told that you can bring it in.
>
> P5 It liberates you as a counsellor and the patient as well.

The specific needs of a multi-cultural society and the inevitability of facing issues of diversity are well recognized. It is interesting to note that they did not suggest referrals to other perhaps more qualified personnel as in a collaborative model but rather conveyed a willingness to handle the cases themselves, given the appropriate training:

> P5 We are getting clients of different races all the time, different religions all the time and some people are very religious and some very spiritual and others are not. You can pick that up you can ask your client: Do you go to church?
>
> P2 Clients that I see come from different religions and I have had a number of them that brought up the issues of God and a Higher Being and that is, I think, the reason why spirituality is important to be tackled in the training programme ... I was uncertain how to answer. I would have been better equipped had it been touched on.

While the present sample's strong argument for the need to incorporate dimensions of spirituality/religion in their training programmes, lends support to similar sentiments expressed in a variety of other settings, words of warning offered by several authors need to be heeded. Coyle (2001) cautions about the danger of being overzealous in the consideration of spiritual issues and refers to the possibility of 'spiritual boundary violations'. Using the APA's code of conduct for psychologists as a framework, Yarhouse and VanOrman (1999) examine some of the ethical issues involved when working with

religious clients. The concerns expressed by Connelly and Light (2003) in relation to handling spirituality in nursing and medicine, also apply to the mental health professions. They highlight the importance of patient autonomy and the need for training and education of personnel in providing spiritual health care.

While recognizing that many clients may not be religious or consider themselves spiritual, Tisdale (2003) and Hathaway *et al.* (2004) suggest that the use of simple probes (e.g., "Is religion or spirituality important to you?") at the outset could set the scene for an in-depth assessment of clients who respond in the affirmative.

While evidence for the importance of integrating spiritual aspects in the therapeutic encounter appears to be mounting, the challenge for training institutions lies in what constitutes appropriate education and guidance on how to deal with the multicultural diversity of the times.

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