



ST. MARY'S
UNIVERSITY

Digital Commons at St. Mary's University

Theses & Dissertations

Student Scholarship

4-2022

A constructivist grounded theory of spiritual competencies development incounseling supervision

Emmanuel Javert Nnadozie
St. Mary's University

Follow this and additional works at: <https://commons.stmarytx.edu/dissertations>



Part of the [Counseling Commons](#), and the [Mental and Social Health Commons](#)

Recommended Citation

Nnadozie, Emmanuel Javert, "A constructivist grounded theory of spiritual competencies development incounseling supervision" (2022). *Theses & Dissertations*. 57.
<https://commons.stmarytx.edu/dissertations/57>

This Dissertation is brought to you for free and open access by the Student Scholarship at Digital Commons at St. Mary's University. It has been accepted for inclusion in Theses & Dissertations by an authorized administrator of Digital Commons at St. Mary's University. For more information, please contact sfowler@stmarytx.edu, egoode@stmarytx.edu.

**A CONSTRUCTIVIST GROUNDED THEORY OF SPIRITUAL
COMPETENCIES
DEVELOPMENT IN COUNSELING SUPERVISION**

APPROVED:

Dana Comstock-Benzick, Ph.D.
Committee Chair

Melanie Harper, Ph.D.
Committee Member

Priscilla-Reyna Vasquez, Ph.D.
Committee Member

APPROVED:

Leona Pallansch, Ph.D.
Dean of the College of Arts, Humanities, and Social Sciences

Date

**A CONSTRUCTIVIST GROUNDED THEORY OF SPIRITUAL
COMPETENCIES
DEVELOPMENT INCOUNSELING SUPERVISION**

A DISSERTATION

Presented to the Faculty of the Graduate School of
St. Mary's University in Partial Fulfillment
of the Requirements for the Degree of

DOCTOR OF PHILOSOPHY

in

Counselor Education and Supervision

by

Emmanuel Javert Nnadozie, M.S.

San Antonio, TX

April 22, 2022

Acknowledgements

The last few years has been for me like a pilgrimage in the domain of religious and spiritual concerns in counseling practice, counselor education, but especially in the context of counseling supervision. This pilgrimage was inspired by the courses I took with Drs. Esteban Montilla and Melanie Harper, to whom I remain very deeply grateful. I am greatly indebted to the Discalced Carmelite Vicariate of Nigeria that gave me the opportunity to study here at St. Mary's University, San Antonio, Texas. In the same way I want to express my deep gratitude to the Discalced Carmelite Friars of the Basilica of the Little Flower Community, here in San Antonio, who have very generously hosted me during these years of studies here.

Special thanks go to my dissertation committee, Drs. Dana L. Comstock-Benzick, Melanie Harper, and Priscilla Reyna-Vasquez, whose invaluable support and encouragement helped me to overcome the hurdles in the writing and production of this dissertation. I am greatly indebted to Dr. Christine Wong, my former student advisor, and to Dr. Linda Meeker, who patiently and diligently went through the scripts with a professional touch. I would like to appreciate in a special way my family and friends whose support especially through prayers assisted me throughout the entire period of my sojourn here in the U.S.

Abstract

**A CONSTRUCTIVIST GROUNDED THEORY OF SPIRITUAL
COMPETENCIES**

DEVELOPMENT IN COUNSELING SUPERVISION

Emmanuel Javert Nnadozie

St. Mary's University, 2022

Dissertation Adviser: Dana L. Comstock-Benzick, Ph.D.

Developing religious and spiritual competencies is paramount in the training of counselors to become effective in addressing clients' religious and spiritual issues in counseling. Clinical supervision in practicum and internship courses is key to the development of these competencies, but questions as to how best they might be infused in counselor training remained.

The purpose of the study was to create an explanatory theory of the process of the development of religious and spiritual competencies in clinical supervision. Utilizing grounded theory, experts in the field of supervision and spirituality were interviewed. The *ways paradigm* was used as a sensitizing concept that aided in organizing interview data that had implications for agency, knowledge, and intervention. Key findings showed that the integration of religion and spirituality in supervision demands critical self-awareness, critical reflexivity, transparency, communication, a process of constant evaluation, self-presence, advocacy and patronage.

Keywords: religion, spirituality, religious competencies, spiritual competencies, counselor education, clinical supervision, constructivist grounded theory

Table of Contents

Acknowledgements.....	iii
Abstract.....	iv
Table of Contents.....	v
List of Tables.....	xiii
List of Figures.....	xiv
List of Abbreviations.....	xv
Chapter 1.....	1
Introduction.....	1
Statement of the Problem.....	6
Research Questions.....	9
Justification for the Study.....	11
R/S' Influence on Psychosocial Functioning: Need for Its Integration in Therapy.....	11
The Need to Include R/S in Therapy Creates the Need to Address It in Training.....	14
The Literature Indicates a Need for Adequate Training Strategies in R/S Integration.....	15
A Response to the Search for Adequate Training Strategy in R/S Competencies.....	18
Need for Competencies to Address R/S Diversity in Supervision Experience.....	19
R/S Competencies Training Renews Awareness in the Sacred Dimension of Counseling... ..	21
Limitations of the Study.....	24
Definition of Terms.....	24

Religion	25
Spirituality	25
Competencies.....	25
Integration.....	26
Supervision	27
Practicum.....	28
Internship.....	28
ASERVIC	28
Chapter 2.....	29
Literature Review.....	29
Literature Review in Grounded Theory	29
The Aims of Literature Review.....	31
Approaches to Literature Review.....	31
Literature Review in This Study	34
Structure of the Literature Review	35
Historical Antecedents to the Issue of Integration	36
R/S Integration in Healthcare: The Norm from the Dawn of Recorded History.....	36
Pristine Forms of R/S Competencies Integration	40
R/S Integration Reflects Recognition of a “Whole Being”	45
Psychology’s Misunderstanding of Religion and Spirituality.....	50

Towards the Re-Integration of R/S into Mental Health	53
Personality Theories Integrate Religion and Spirituality	55
R/S and Human Nature.....	55
R/S and the Structure of the Human Personality	57
Religion, Psychic Balance, and Stability.....	64
The Self, Individuation, and R/S	73
R/S and Human Development	79
R/S, Maslow, Self-Actualization, and Self-Transcendence	89
R/S, Noetic Dimension, and Human Nature.....	105
The Need for R/S Integration in Counseling Practice and Counselor Education.....	107
Contributions to Contemporary Counseling and Psychotherapy by R/S Scholars.....	112
Scientific Evidence that Supports Theoretical Claims	123
The Path Towards the Integration of R/S in Counselor Training in the Literature.....	125
A Growing Interest in R/S in Therapy and Its Impact on the Counseling Profession.....	125
Empirical Studies on the Positive Outcomes of R/S Interventions	126
Explorative Studies and Surveys on the Challenges of R/S Integration.....	129
The Need to Have Guidelines and Standards for Healthy R/S Integration	131
Standards Set by Professional Associations	133
The Search for Strategies for R/S Integration in Counselor Training and Supervision	134
Summary	142

Dissenting Voices Against the Integration of Religion/Spirituality in the Literature	142
Discernible Anthro-Psychological Imperatives for Integration.....	146
Discernible Trends in the Principles of Integration of R/S in Counseling and Training.....	147
The Challenge of R/S Integration in Clinical Supervision	148
Chapter 3.....	150
Methodology	150
Research Paradigm	150
The Positivistic Worldview	152
Post-Positivistic Worldview	155
The Pragmatic Worldview.....	159
The Social Constructionist/Interpretivist Worldview	162
The Transformative Worldview	165
The Constructivist Worldview.....	167
Methodological Approach.....	168
The Quantitative Approach	169
The Qualitative Approach	170
Research Approach of Choice	172
Grounded Theory Research.....	174
A Framework for Qualitative Inquiry	174
Versions of Grounded Theory	176

The Goal of Using Grounded Theory	177
The Constructivist Grounded Theory Method	179
Recruitment and Sampling of Participants	182
Procedure	186
Data Collection Method	187
Intensive Interviews	190
The Interviewer-Participant Connection	190
The Context and Situation of the Interviews	191
The Construction of The Research Participant’s Narrative and Silences.....	191
The Explicit Content of the Interview	193
Data Analysis	195
Initial Open Coding	197
Focused Coding	199
Axial Coding.....	200
Theoretical Coding	202
Computer-Assisted Analysis	206
Use of Computer-Assisted Qualitative Data Analysis Software for this Study	206
Advantages of Computer-Assisted Qualitative Data Analysis Software (CAQDAS)	207
Precautions in the Use of CAQDAS.....	208
Grounded Theory Analysis with MAXQDA.....	209

Coding the Data with MAXQDA ‘Open Coding Mode’	210
Focused Coding with Customizing the Code System in MAXQDA	211
Category Building with Creative Coding in Axial Coding	211
Memo-writing.....	212
Theory Building or Construction	213
The Researcher as Instrument	214
Chapter 4.....	216
Research Findings.....	216
Profile and Narrative of Participants.....	217
Alicia	218
Benton.....	225
Celia.....	231
Birgitta.....	245
Danica	254
Goldie	261
Conrad	266
Paloma	279
Hugo	286
Presentation of Themes and Subthemes in Response to Research Questions	295
Theme 1: Developing R/S Competencies.....	297

Theme 2: Supervision	302
Theme 3: Knowledge and Understanding	324
Theme 4: Interventions	332
Theme 5: Evaluation/Assessment.....	336
Theme 6: Reflection	338
The Constructivist Grounded Theory Generated by This Study.....	344
The Key Elements of Integrated Inductive Reflexivity Theory	345
The Features of a Theory.....	345
Working Towards an Expected Outcome.....	352
Discussion	352
Chapter 5.....	358
Summary, Implications and Recommendations	358
Implications.....	364
Recommendations	369
References.....	372
Appendix A.....	431
Consent to Participate in a Research Study	431
Appendix B	435
Information regarding Training in Supervision & R/S Competencies	435
Appendix C	436

In-depth Interview Guide & Protocol	436
Appendix D.....	437
ASERVIC’s Spiritual and Religious Competencies.....	437
APPENDIX E	439
IRB Approval.....	439

List of Tables

Table 1	Frequencies and Percentages of the ASERVIC R/S Competencies and Related Standards.....	138
Table 2	Academic Degrees of Survey Respondents.....	187
Table 3	Demographic Characteristics of Study Participants.....	216
Table 4	Themes and Subthemes of Participants' Narratives.....	296

List of Figures

Figure 1	Integrated Inductive Reflexivity Theory (IIRT) of R/S Competencies	
	Development/Integration.....	351

List of Abbreviations

ACA	American Counseling Association
ACES	Association for Counselor Education and Supervision
ASERVIC	Association for Spiritual, Ethical, and Religious Values in Counseling
CACREP	Council for the Accreditation of Counseling and Related Educational Programs
CAQDAS	Computer-Assisted Qualitative Data Analysis Software
CGT	Constructivist Grounded Theory
e-INTERVIEWS	Interviews conducted via Zoom
GT	Grounded Theory
IDM	Integrated Developmental Model of Supervision
IRB	Internal Review Board
IIRT	Integrated Inductive Reflexivity Theory
MAXQDA	Max Qualitative Data Analysis (Software).
MSJCC	Multicultural Cultural and Social Justice Counseling Competencies
NAB	New American Bible
R/S	Religious/Spiritual; Religion/Spirituality
SRBP	Spiritual or Religious Beliefs and Practices

Chapter 1

Introduction

Many counseling professionals perceive the multicultural counseling movement as having taken such a prominent status in the profession, that it has changed the way counselors perceive their roles and the types of competencies they need to foster the development and wellbeing of people from diverse backgrounds and social groups (D'Andrea & Daniels, 2006). One aspect of multiculturalism in counseling that has garnered traction in recent times is the idea of the incorporation and integration of the religious and spiritual (R/S) competencies in the training of counselors (Aten & Hernandez, 2004; Parker, 2009; Polanski, 2003; and Ripley et al., 2007).

The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) has played a very significant role in the movement towards multiculturalism in counselor education. ASERVIC is one of the 18 chartered divisions in the American Counseling Association (ACA) that address special areas that cater for specific interests in counseling (Miller, 1999). As the spiritual division of ACA, ASERVIC strives to meet the needs of this professional specialty (religious and spiritual integration) for members of counseling professionals (ACA, 2020; Miller, 1999).

ASERVIC started in 1951, initially as a National Catholic Guidance Conference (NCGC) to assist counseling and guidance in Catholic schools across the United States of America. In 1974, the NCGC was incorporated into the ACA as its 10th division (Cashwell & Young, 2011). ASERVIC was dedicated to members who believe that the full development of the person and of the discipline of counseling essentially included spiritual, ethical, and religious domains and other human values (ACA, n.d.).

Its current name, the ASERVIC, was adopted in 1977 “to reflect its transition from an exclusively Christian-based organization to one of acceptance of all religious and value issues in counseling” (Cashwell & Young, 2011, pp. 26-27). In its present structure, ASERVIC advocates for the integration of spiritual, ethical, and religious values into professional practice and counselor education and supervision. ASERVIC plays an important role in developing standards to guide such integration in professional practice and in the training of professional counselors (Miller, 1999). Experts in the field have observed that ASERVIC’s eminent focus on integration has played a crucial role in ACA’s notable commitment to diversity which includes spirituality, especially in consideration of increased immigration to the United States (Cashwell & Young, 2011; Miller, 1999; Sue et al., 1982).

The current set of guidelines for the integration of spiritual and religious issues in counseling was a product of ASERVIC’s deliberations which culminated in the 1995 Summit. ASERVIC members who attended the summit, relied on the works of Corbett (1990), Elkins et al. (1998), Kelly (1995), May (1982), Piedmont (1999), Shafranske and Gorsuch (1984), and Smith (1994) to produce a paper titled, *Spirituality: A White Paper* issued by the Association for Spiritual, Ethical, and Religious Values in Counseling, (ASERVIC, n.d.). The document provided a working description of spirituality which became the basis for the standards referenced as R/S competencies. This set of competencies guide R/S integration in the work of counseling professionals, supervisors, and training programs (Cashwell & Young, 2011).

In 2009, the R/S competencies were revised (Mullen et al., 2020). ASERVIC established modalities to create a curriculum around the existing R/S competencies, and to develop a protocol for endorsing or registering spiritually competent counselors (Cashwell & Young, 2011). Since their formulation in 1995 and their revision in 2009, serious discussions in

academic papers and books, and studies in peer-reviewed journals, on the important topic of incorporating ASERVIC's R/S competencies in therapy and counselor training have been documented (Mullen et al., 2020). By the year 2004, Walker et al. (2004) had identified 26 studies of 5,759 psychotherapists and their integration of religion and spirituality in their professional counseling practice. A number of these publications have also attempted to explore the incorporation of these same competencies in the training of professional counselors (Aten & Hernandez, 2004; Parker, 2009; Polanski, 2003; and Ripley et al., 2007). As of April 21, 2021, a Google Scholar search for "studies on ASERVIC competencies for professional counselors" yielded 773 results. Already in 2015, Adams et al. (2015) opined that "an extensive amount of conceptual literature has been published on the needs to better integrate religion and spirituality into counselor education" (p. 45). Reporting on the increasing interest in R/S integration in the general population, Plante (2007) stated:

Perhaps this is due to the increasing interest among the general population and psychotherapy clients in spirituality and health integration as well as the increasing media attention to this topic. Many professional organizations such as the Society of Behavioral Medicine have now developed new special groups that focus on religion and health integration. Large foundations such as the John Templeton, Lilly, and Fetzer Foundations as well as major government granting agencies such as the National Institute of Health (NIH) have funded large scale projects in this area . . . In fact, numerous cover stories in the national and international news weeklies such as *Time*, *Newsweek*, and *US News and World Report*, have all devoted cover stories on multiple occasions to this very topic. (pp. 892-893)

As a project that has an inter-disciplinary dimension that demands a systematic and professional approach, the integration of R/S competencies is much more complex than knowing the content of the R/S competencies. It presupposes a sensitive handling of very delicate and often divergent worldviews (Mohr et al., 2006). In the conclusion of the report on their research on the integration of R/S into psychosocial dimension of schizophrenia, Mohr et al. (2006) stated: “Our results indicate that the complexity of the relationship between religion and illness requires great sensitivity to each unique story” (p. 1958). Because of the sensitivity required of the counselor in dealing with clients’ religious and spiritual worldviews in therapy, Wiggins and Gutierrez (2020) recommended the following cautions:

First, counselors must be willing to engage in self-exploration to confront whatever personal history may arise that has the potential to interfere with their effectiveness.

Unresolved personal issues with religion, spirituality, race, ethnicity, or other aspects of culture are certain to put counselors at risk for incompetent practice. (p. 86)

In their contributions to integrating R/S competences, Wiggins and Gutierrez (2020) and Entwistle (2010), helped their audience to appreciate the fact that there are also variant ontologies and anthropologies beneath the surface of R/S integration narratives of clients depending on their philosophical worldviews; and that there are also various epistemologies and methodologies utilized by therapists to address these worldviews, depending on the clinician’s preferred theoretical and methodological stance.

Some of the concerns raised about the integration of R/S into counseling training courses and into therapy have arisen from its delicate nature which can create subtle difficulties in the project of integration (Crabb, 1977). Adams et al. (2015) related the ethical and legal concerns expressed by the experts in the field of counselor education that were approached in a Delphi

study to identify potential barriers to integrating religion and spirituality into counselor education. *Bruff v. North Mississippi Health Services, Inc.* (2001) provides an example of the kind of legal issues that raised concerns with these experts. Ellis (1980) regarded religion as irrational, and so cannot be integrated to any health care trajectory. Crabb (1977) found the integration of religion and spirituality into psychology very difficult for a different reason, namely, that such an integration would encourage some disorderly combination of both disciplines in an unwieldy method that disrespects both disciplines. According to Crabb, the best way to integrate R/S with its own worldview, ontology, anthropology, and epistemology with counseling and allied disciplines with their own distinct worldviews, ontologies, epistemologies, and methodologies remained a question to be answered.

Coyle and Lochner (2011), Koenig (2012), Miller (1999), and Siang-Yang (2016) recognized the complex or multidimensional nature of religion and spirituality. This research was designed to explore approaching the matter of R/S integration more from a client-centered perspective than from perspectives that view R/S integration as a purely inter-disciplinary trajectory. Approaching R/S integration from the client-centered perspective, values the person of the client for whom R/S integration is relevant in counseling and psychotherapy (Hodge, 2005). The experience of experts in the field, who have been involved in this process of integration, proved most valuable in this regard (Plante, 2007).

This study was designed with an interest in the integration that relates to individual persons and their religious or spiritual concerns. It was neither about the integration of disciplines, nor about the integration of institutions, nor about ranking the academic importance of disciplines. Integration in this study was viewed from a conscientious consideration of the client for whom the issue of integration is relevant. Integration was framed from the perspective

of those directly involved in the *practice* of integration using their skills to explore the nature of an andragogy that facilitates the process from the vantage point of their expertise.

The Council for the Accreditation of Counseling and Related Educational Programs' standards (CACREP, 2009), the Association for Spiritual, Ethical, and Religious Values in Counseling competencies (ASERVIC, 2009), and Cheston's (2000) *ways paradigm* supplied the *sensitizing concepts* or the tools that were used to develop the initial questions and preliminary ideas on the theme of the study. According to Charmaz (2014), "sensitizing concepts give researchers initial but tentative ideas to pursue and questions to raise about their topics" (p. 30). Thus, seconding van den Hoonaard's (1997) idea of sensitive *concepts*, I employed them to serve as tools that sparked thinking about my inquiry into the process of the development of spiritual competencies in counseling supervision, and in this way to allowed them to provide a point of departure for the inquiry.

The purpose of this study was to explore the expertise of specialists and resource persons in spiritual and religious competencies, and to draw from them an epistemologically informed theory of R/S competencies-training in counselor training programs, namely in practicum and internship courses. This study was an exploration of the process of the development of spiritual and religious competencies in counselor education within context of supervision in practicum and internship courses. It is inserted within the broader discussion of multicultural integration in counselor education and practice (Captari et al., 2018; Cashwell & Young, 2005; Crook-Lyon et al., 2012; Hage, 2006; Hathaway, 2008; Hefti & Bussing, 2018; Miller, 2003; Miller, 2006).

Statement of the Problem

Many researchers, on the integration of religious and spiritual (R/S) competencies into clinical and counseling training and practice, have noted resistances on the part of some

stakeholders to concretely implement strategies to include the R/S competencies into counselor training programs and practice (Rosmarin et al., 2011; Smith et al., 2019; Hill, 2000). Vieten et al. (2013) identified some reasons behind the resistances to establishing R/S competencies in the field of psychology and allied disciplines, which are divergent from a body of empirical evidence which demonstrate a “beneficial relationship” between R/S practices and psychological health (p. 131). Vieten et al. (2013) sum up the reasons for resistance in the following remarks:

First, as a group, psychologists are considerably less religious than the clients with whom they work . . . Second, an emphasis on establishing psychology as a scientific discipline may have led to a reluctance to acknowledge the relevance of spirituality and religion in psychological functioning . . . resulting in what Saunders, Miller, and Bright (2010) have called “spiritually avoidant care” (p. 355). Particularly among academic psychologists who chafe at psychology being considered a “soft” science, there may be hesitation to acknowledge or investigate domains of human existence that could potentially be viewed as metaphysical or supernatural. A third barrier to establishing spiritual and religious competencies has been uncertainty about their role in training or practice. (p. 132)

The quotation above, from Vieten et al. (2013) suggests that the problem with R/S integration (in practice and training) seems to center around (a) the way of being of both therapist and client, (b) the way of understanding what R/S integration implies, and (c) the way of intervention – i.e., clarifying the roles of the therapist and client in the trajectory of R/S integration.

Callahan (2016) has suggested that problem of R/S integration in practice and training is linked with cultural competence. Callahan proposed that the link between R/S competence and

cultural competence lies in the axis of sensitivity and compassion. As such, it is not possible to be culturally competent without R/S competencies, because as Whitley (2012) stated:

Cultural competence by definition includes religious competence, as individual religious orientation infuses patients' beliefs, values, attitudes, and conventions. Not only does religion (or lack thereof) determine patients' psychological and existential frameworks; it can also play a key role in determining behavioral variables (which, in turn, influence physiological variables) that have a direct bearing on mental health. For example, religiosity may influence use of alcohol, use of substances such as cannabis, patterns of sexual activity, sleep, and diet (the latter in the form of fasting often affecting medication adherence). Religious practices permeate most domains of life, and cannot be neatly compartmentalized or separated from everyday activities and concerns. (p. 250)

The implication of this is that deficits in R/S competencies training may result in unethical practices in counseling (Plante, 2014). Barnett and Johnson (2010) have indicated that to function competently, counselors must be holistic in their approach and attend to the physical, emotional, mental, and spiritual well-being of clients. Similarly, Callahan (2016) suggested a continuum of R/S competencies that range from being "destructive" to "competent" in practice (p. 15). Plante (2014) stated, "to ignore religion as a cultural issue may not only be unethical, but also lead to malpractice" (p. 288).

Adams et al. (2015) stated that "today counselors generally have positive attitudes and express openness about discussing clients' religious/spiritual beliefs, and clients generally report positive experience" (p. 44). Many professionals are interested in R/S integration in professional practice and counselor education (Kelly, 1997). Despite the literature on the theoretical importance and the desirability of R/S integration, research on the nature of the actual process of

developing the required skills (turning ASERVIC's competencies for R/S integration into practical skills, especially in the training of counselors) is scarce; what is mainly available are "recommendations that have . . . emerged from opinions rather than from empirical evidence" (Robertson, 2008, p. 14).

Cashwell and Young (2011) articulated this situation precisely when they wrote:

The counseling profession is at an interesting stage regarding the integration of religion and spirituality . . . The importance of this domain within the counseling process is clearly recognized, yet a substantial need remains for more writing on and training in methods for doing this competently. Collectively, counselors seem to have recognized the need for shelter, but they are still building the house. (p. 287)

Cashwell and Young (2011) intimate that more research into an understanding of the process of developing R/S competencies in counselors in a way that would enable them to be competent, ethical, and professional in their R/S integrative practice to the benefit of clients is needed.

Research Questions

In constructivist grounded theory, research questions flow from the objective of the research and from the *sensitizing concepts* (Charmaz, 2014). Charmaz (2014) stated that "sensitizing concepts give researchers initial but tentative ideas to pursue and questions to raise about their topics" (p. 30). For the present study, the objective was to explore the process of the development of R/S competencies and how these competencies can be incorporated into counselor training supervision. Clinical supervision has been described as the place where spiritual and religious issues tend to be most often addressed or discussed with those in counselor education (Miller et al., 2006; Russell & Yarhouse, 2006). While supervision within the

practicum/internship experience does not represent the entire program of counselor education, it represents a vital and integral moment and process in the training and formation of potential counselors (Polanski, 2003). With a similar insight, Hall et al. (2016) suggested that clinical supervision plays a primary role in upholding the ethical and competency standards of the counseling profession particularly through the formal evaluation of a trainee's knowledge and skills by a more experienced practitioner (Bernard & Goodyear, 2009).

It is through the supervision of practicum/internship experience that students learn to integrate theoretical knowledge with clinical skills (Loganbill et al., 1983; Sias & Lambie, 2008). This is especially the case regarding the integration of spiritual and religious competencies in counselor education (Brawer et al., 2002; Russell & Yarhouse, 2006). Here, counselor trainees were expected to incorporate the spiritual concerns and issues of clients into their clinical practice especially through what they have been taught and learned in supervision (Vieten et al., 2013).

The major research question was: How can religious/spiritual competencies be integrated into the supervision of counselor trainees? From this principal research question, other questions designed to explore the concrete details of R/S competencies' assimilation are drawn. Additionally, the research questions explore the processes of transiting from the theoretical knowledge of R/S competencies to their practical application in therapy. Specifically, experts in the R/S competencies will be asked the following questions to generate a grounded theory of R/S integration:

- How can religious/spiritual competencies be integrated into the supervision of counselor trainees?
- What kinds of things do supervisors need to do to facilitate the development of

R/S competencies in counselor trainees in practicum and internship to address R/S diversity?

- What kinds of things, if any, might counselor trainees need to do during practicum and internship to develop R/S competencies?
- How might techniques and methods, designed to facilitate the R/S competencies in supervision, best be presented to counselor educators and supervisors?
- How might counselor educators and supervisors assess the effectiveness of their efforts in developing R/S competencies in counselor trainees?

Justification for the Study

The justification for this grounded theory study is the need to bridge the gap between calls for integrating the R/S competencies in counselor training programs, with specific recommendations for how to do so in practicum and internship courses. Polanski (2003) articulated that gap in the literature when she stated:

Spirituality in supervision has not received much specific attention in the literature. Because supervision is a significant component in counselor education, at both the pre- and post-master's-degree level, supervisors should be prepared to examine these issues with their supervisees in order to help them become more competent in addressing spiritual and religious issues with their clients. (p. 139)

R/S' Influence on Psychosocial Functioning: Need for Its Integration in Therapy

The literature shows that religious and spiritual beliefs, values, and perspectives (or their absence) are central to clients' worldviews and influence their psychosocial functioning (ASERVIC, 2009; Fabricatore et al., 2000; Jenkins & Pargament, 1995). The increasing support for appropriate integration in this domain (e.g., to properly assess a client's psychosocial

functioning which could be influenced by spiritual beliefs and values or lack thereof) indicates the need for counselors to show best practices related to religious and spiritual competencies in their work with clients (Hull et al., 2016). In this regard, Vieten et al. (2013) observed that “determining how and when to actively include religious or spiritual interventions into psychotherapy for those clients who request it requires proficiency, rather than basic competence” (p. 138). From the perspective of experts in the field, competency in this domain impacts the perception of the overall competency of the counselor (Walker et al., 2004). Researchers have shown that part of what it means to be ethical in the practice of counseling consists of proficiency in R/S competencies (Barnett & Johnson, 2010; Callahan, 2016; Plante, 2014). This is because the R/S practices and beliefs of clients tend to permeate the physical, emotional, and mental aspects of their lives (ASERVIC, 2009; Koenig et al., 2001; Powell et al., 2003; & Seeman et al., 2003).

Similarly, studies done by Delaney et al. (2009); Fredrickson (2002); Fukuyama and Sevig (2002); Hathaway et al. (2004); and Shafranske and Malony (1990) showed evidence of a correlation between R/S and improved health outcomes as would be made more explicit below. Arredondo et al. (1996) showed that R/S enhanced people’s ability to emotionally cope with difficulties. A study completed by Mueller et al. (2001) found individuals who were active in religious communities, or considered themselves to be spiritual, had better health outcomes which included greater longevity, coping skills, and health-related quality of life (even during terminal illness), less anxiety, less depression, and less suicidal tendencies. Miller and Thoresen (2003) also demonstrated the link between positive health outcomes and client’s spirituality.

In a study on positive emotions, Fredrickson (2002) showed that spirituality is correlated to increased sense of meaning, purpose, resilience, satisfaction, and happiness. Fry (2000), Green

and Elliot (2010), Pargament (2007), and Pargament et al., (2013) all found similar results. Controlling for job satisfaction, marital satisfaction, and financial status, Green and Elliot (2010) found that people who identify as religious reported better health and happiness, regardless of religious affiliation, religious activities, work, family, social support, or financial status. In the early 2000s researchers saw other important correlations between R/S practices and the self-actualization of most adolescents and adults (Fukuyama & Sevig, 2002; Hathaway et al., 2004). Their research demonstrated that R/S were crucial to the development of this stratum of the society by enhancing identity development (Fukuyama & Sevig, 2002; Magaldi-Dopman & Park-Taylor, 2010). These findings were later corroborated by McNamara et al. (2010), who also found that R/S enhanced young people's worldview and reduced the likelihood that they would engage in dangerous or risky behavior. Delaney et al. (2009) demonstrated that spirituality is a core component of recovery from substance use disorders. Similarly, Hofmann et al. (2010) showed spiritually rooted interventions such as mindfulness, meditation, reflection, acceptance, and commitment therapy to be effective. Hofmann et al. (2010) also demonstrated that spiritually informed cognitive-behavioral therapies, were efficacious in the treatment of depression, and anxiety, and in the improvement of general and psychological well-being.

Koenig (2012) aggregated a more comprehensive review of data-based quantitative research, done 1872 to 2010, on R/S and their impact on both mental and physical health. Koenig (2012) reviewed over 3,300 studies on the relationship among R/S, mental health, health behaviors, and outcomes. Koenig (2012) captured the relationship he observed in these reviews and stated, "people who are more religious and spiritual have better mental health and adapt more quickly to health problems compared to those who are less religious and spiritual" (p.15); and he concluded there was enough evidence, based on clinical findings, to incorporate R/S into

health care practice and showed the importance of such inclusion. Burke et al. (1999), Cashwell and Young (2005), Crook-Lyon et al. (2012), Hage et al. (2006), Koenig et al. (2001), Pate and Bondi (1992), Shafranske and Malony (1990), Smith et al. (2007), and Young et al. (2007) positively appraised R/S before Koenig (2012) and had come to the same conclusion – namely, to include R/S concerns in counseling and psychotherapy. These findings cannot be inconsequentially ignored in training and professional practice, for “At stake is the health and wellbeing of our patients and satisfaction that we as health care providers experience in delivering care that addresses the whole person — body, mind, and spirit” (Koenig, 2012, p. 15).

The Need to Include R/S in Therapy Creates the Need to Address It in Training

If the influence of religious and spiritual factors on the psychosocial functioning of clients necessitates the integration of R/S into counseling practice, then the search for adequate ways of training counselors to do this integration in therapy makes a lot of sense, just as Koenig (2012) stated: “a desire to provide high quality care, and simply common sense, all underscore the need to integrate spirituality into patient care . . . and to be able to do in a sensible and sensitive way” (p. 15). Therein lies the justification of this study — to contribute to finding more adequate strategies for the incorporation of R/S competencies in counselor training, and to discover ways to facilitate the assimilation of these R/S competencies by trainees.

Hage (2006) and Smith et al. (2019) observed that mental health professionals often feel ill-equipped to attend to clients’ R/S issues. Young et al. (2007) likewise showed that counselors inadequately address these same R/S issues. However, researchers have shown the importance and relevance of not only including R/S in therapy, but also of doing so in the training of counselors (Adams et al., 2015; Aten & Hernandez, 2004; Garner et al., 2017; Polanski, 2003; &

Ross et al., 2014). ASERVIC (2009) responded to this challenge by providing the requisite competency standards that would enhance R/S integration.

After the counseling profession adopted ASERVIC R/S competencies, which allowed scholars and researchers to appreciate the relevance of R/S integration in therapy, there remained the question of an adequate andragogy that would improve the assimilation of these skills through clinical courses, and especially in counseling supervision (Hage et al., 2006). There is a need for a suitable delivery method for R/S competencies in practicum and internship courses based on a good understanding of the dynamic processes involved in R/S integration. For, as Hage (2006) intimated, the emerging theorists who took the lead in this domain have not yet arrived with the contribution of the spiritual processes involved in understanding multiculturalism in the traditional counseling psychology programs. Clinical supervision is where spiritual and religious issues are most often addressed in counselor training programs (Miller et al., 2006; Russell & Yarhouse, 2006), and that is where training in R/S competencies is needed most in the literature.

The Literature Indicates a Need for Adequate Training Strategies in R/S Integration

This study intended to contribute to the ongoing search for adequate strategies or andragogy for training in the R/S competencies in clinical courses based on a good insight into the basic structure and process of adequate R/S integration (Aten & Hernandez, 2004; Parker, 2009; & Polanski, 2003). The literature indicated that it is important to pay attention to the structure and process of integration because of the need for a caveat in assessing the impact of religion and spirituality on the psychological and physical health of clients (Exline & Rose, 2005; Koenig, 2012; Koenig & Larson, 2001; Pargament et al., 2005). George et al. (2002)

demonstrated that R/S are factors that could potentially have either a positive or negative effect on people, depending on their openness and predisposition.

Evidence-based data are already known about the link between spiritual or religious beliefs and practices (SRBP) and positive health outcomes (Koenig et al., 2012; Pardini et al., 2000; Seeman et al., 2003). Likewise, valuable information about the correlation of R/S and psychological wellbeing exists (Exline & Rose, 2014; George et al., 2002; Paloutzian & Park, 2014). It has been shown that integrating R/S interventions in counseling can help clients with a variety of clinical issues including depression, anxiety, addictions, suicidal tendencies, identity concerns, and unfinished developmental tasks (Hofmann et al., 2010; Robins & Chapman, 2004; Toneatto & Nguyen, 2007). Likewise, clients from diverse populations whose issues (e.g., meaning deficits in life, conflicts and relationship issues, growth concerns, self-development, and self-transcendence aspirations) may be intertwined with R/S factors can be helped using R/S interventions to cope with their issues (Exline & Rose, 2014; Paloutzian & Park, 2014).

However, Smith and Bartz (2007) observed that despite the general positive empirical results obtained from using R/S interventions in the literature, there is still much that is not well understood about R/S approaches and interventions. George et al. (2002) intimated about possible negative side of R/S factors. This raises the question of how best R/S interventions can be effectively delivered to clients without encouraging unintended consequences, e.g., spiritual bypassing (Welwood, 2000). “Spiritual bypass” has been used as a term to underscore the tendency to use spiritual notions and practices to avoid processing unresolved emotional issues, psychological wounds, and unfinished developmental tasks (Cashwell et al., 2007, p. 284).

This is more so the case bearing in mind the possible misuse of R/S by clients. People have used religion at times to justify hatred, prejudice, discrimination, and other negative

attitudes (Koenig & Larson, 2001). It has also been pointed out that these negative attitudes are found especially with those who have suffered from excessive dependency, perfectionism, exaggerated guilt and anxiety (Pruyser, 1977). Clients can also abuse religion/spirituality through the neglect of their responsibilities because of false notions of religion and spirituality, which can harm their psychological well-being (Exline & Rose, 2005; Pargament et al., 2005).

Cashwell et al. (2007) called attention to the perils of spiritual bypassing, given the current increased attention to spirituality in the counseling literature (p. 284). Cashwell et al. (2007) thereby alerted counselors to the potential pitfall of spiritual bypass; namely that clients could seek to use their spiritual beliefs, practices, and experiences to avoid genuine contact with their psychological issues and their unfinished psychological business (Cashwell et al., 2007). In a like manner, Vieten et al. (2012) cautioned against negative consequences that could occur if R/S issues are addressed by a clinician who may not have been trained in religious and spiritual competencies by stating:

In fact, when religious or spiritual interventions are requested by clients and are appropriate, psychologists should integrate them *only* when they have the training and clinical competence to do so, have knowledge of relevant literature, and are aware of ethical issues that may arise in terms of boundaries, and multiple relationships, informed consent, etc. (p.138)

Applying the R/S competencies in therapy requires great sensitivity, on the part of the clinician (Koenig, 2012). Addressing R/S issues in counseling could potentially be very helpful, just as mismanaging these issues could also be destructive (Callahan, 2016).

A Response to the Search for Adequate Training Strategy in R/S Competencies

Cashwell and Young (2011), Coyle and Lochner (2011), Garner et al. (2017), Oxhandler and Ellor (2017), Sherwood (1999), Stewart-Sicking et al. (2017), Vieten et al. (2013), and West (2011) called for additional research to explore theoretical strategies that will enhance the integration of R/S competencies in training and in professional practice, and this study is intended to make a modest response. Some of these scholars pointed out the need for a supervisory strategy (with respect to R/S integration) with clarity and intentionality (Sherwood, 1999; West, 2011). Coyle and Lochner (2011) envisage and encourage a constructive strategy that would be respectful and engaging between supervisors and trainees. Garner et al. (2017), and Stewart-Sicking et al. (2017) call for a strategy with broad, holistic, and comprehensive outlook. Cashwell and Young (2011), and Vieten et al. (2013) called for a strategy that is dynamic and experiential, while Oxhandler and Ellor (2017) insist on a strategy that can be evaluated.

These are among the reasons why scholars have pointed out the need for research into the acquisition and application of R/S competencies (Hage et al., 2006). Hage et al. (2006) summed up the need for additional research by stating:

We hope that counselors and other mental health professionals will become involved in culturally sensitive, theoretically based research on spirituality and religion in training and practice to advance the understanding of processes that facilitate effective educational outcomes and positive growth for the clients with whom we work. (p. 230)

This study aimed to explore the nature and quality of those *processes* to which Hage et al. (2006) referenced. Hage et al. provided justification for the effective acquisition and application

of the R/S competencies, and how they can be implemented in clinical courses in counselor training programs, and in counseling supervision.

Need for Competencies to Address R/S Diversity in Supervision Experience

Responding to the call to research and to explore adequate strategies for R/S integration in counselor training and practice is also a counseling response to the growing diversity in religion, spirituality, and culture in the society today (U.S. Census Bureau, 2011). Meyers (2017) showed among this growing diversity are individuals who seek counseling. Rollins (2009) noted that within population of those who seek counseling, are groups of conservative individuals who have a very strong sense of identity with their religion and for whom life is centered on a personal relationship with a higher power or supreme being with whom they identify, and not focused on being a nice person. Some of these individuals identify themselves with ethnoreligious groups (Dueck & Reimer, 2004). Dueck and Reimer (2004) articulated the key issues in therapy of those in ethnoreligious minority groups when they stated:

While ethnic particularity continues to occupy a prominent place in American psychological literature, the religious question has been largely divorced from its ethnic referent, and is consistently relegated to the furthest margins of psychotherapeutic practice. The silencing of an integrated, ethnoreligious voice has contributed to a feeling of disempowerment for clinicians and clients alike. In the main, psychotherapists continue to avoid religious issues. Whereas the field lately demonstrates a willingness to entertain generic spirituality in therapy, particular beliefs and potentially exclusive religious practices are pointedly sidestepped. In a therapy of reduced ethnoreligious sensitivity, the clinician's silence regarding cherished issues of religious faith and ethnic identity may be experienced as invalidation by the client (pp. 3-4).

Meyers (2017) believed the Multicultural Cultural and Social Justice Counseling

Competencies (MSJCC) provide a promising perspective with which to address this diversity with greater efficiency on the part of professionals serving the clientele that come from these diverse populations. The world-wide movement of peoples across borders had already surged beyond 244 million in 2015 (Rodríguez-Pose & von Berlepsch, 2018), and counseling services face the challenge of providing for the needs of the diversity of clients, even when it borders or relates to their religious or spiritual concerns in therapy. According to Melamed et al. (2020):

The MSJCC competencies intend to provide professional counselors and counselor educators with guideposts for delivering a relevant and contemporary approach to multicultural, research, training, and supervision. The new competencies reinforce the expectation that counselor educators be competent in providing relevant training to establish safe and affirming counseling for clients and communities. (p. 3)

ASERVIC's (2009) R/S competencies serve to help professional counselors address R/S concerns raised by clients from diverse backgrounds. Hull et al. (2016) however observed that "Although the publication of these competencies (ASERVIC, 2009) indicates movement toward more intentional ethical and clinical oversight of addressing spiritual/religious issues in counseling, how these competencies are taught, applied, and evaluated in clinical settings remains to be seen" (p. 112).

Following these concerns in this domain, Schulte et al. (2002) explored the status of the integration of R/S competencies in counseling psychology programs ($n = 69$) in the United States. Schulte described his findings in the following statements:

Results indicated that programs offered relatively little in the way of formal course work in religious or spiritual issues. In addition, participants indicated that in their programs (a) religion and spirituality were often but not always considered a diversity issue; (b)

knowledge about religious and spiritual traditions was not generally seen as important to the expertise of faculty members, practicum supervisors, and therapists; (c) religious and spiritual issues received variable attention in didactic and practicum training; and (d) there was considerable openness to research on religious and spiritual topics. (p. 118)

While the findings of Schulte et al. (2002) leave the status of R/S competencies' integration in counselor training relatively tentative, Adams et al. (2015) noted that even those professionals already trained, feel reluctant to handle the religious and spiritual concerns of clients because of potential legal and ethical concerns. This study was designed to contribute to the supportive help counselors need in this area. Based on current literature, there is a need to overcome the difficulties met by counselors in the challenging task of R/S integration. Assisting counselor training by searching for adequate andragogical strategies for R/S integration is also helping counselors to navigate the ethical and professional hurdles of training in this domain.

R/S Competencies Training Renews Awareness in the Sacred Dimension of Counseling

This study on how to develop spiritual competencies in counseling supervision also aimed to contribute to the renewal of an awareness of an important, but often overlooked dimension of the counseling trajectory, its sacred character. Professional identity, ethical performance, and competent professional practice bear a sacred character because the counseling process itself is a sacred journey (Cashwell & Young, 2011), and a type of *pilgrimage* (Kopp, 1972). Counselors are expected to honor the *sacred journeys* and *pilgrimages* of their clients and students in their work with them. The ACA Code of Ethics (2014) cautions on discriminatory acts against students or clients based on religion or spirituality and encourages an understanding of the influence of R/S on the person. Shaw (2020) throws the importance of the professional identity of counselors and the quality of their presence in therapy into sharp relief, when he

discussed what has been called *therapist effects* in the literature and showed that how therapists present themselves to clients matters and affects outcomes. Here, the saying *that the messenger is the message* can be applied to professional counselors as well, in the sense that counselors need to pay attention not only to their performance, but also to their presence. The critical importance of training in this area of the counselor's task is embodied in ASERVIC's (2009) competencies.

Accordingly, this raises the question of how training in professional identity should address this issue, because as was pointed out at the beginning of this chapter, there is a new awareness driven by new trends in the society on diversity that has impacted the identity of professional counselors-i.e., the way counselors see themselves and their roles (D'Andrea & Daniels, 2006). According to Kivisto (2002), the present-day society is awakening to an attempt to understand the multiculturalism and the dramatic changes that characterize the modern world; a multiculturalism and globalization that "have reconfigured economic arrangements, challenged political systems, and recast issues related to cultural identities during the past half-century" (p. 1). The modern world is also growing in its appreciation of the holistic vision of health which includes the domain of spiritual wellbeing (Singh, 1991). Writing about a change of paradigm from a dualistic to a holistic view of health, Singh (1991) stated:

The new science seems to be approaching the ancient insights of seers and mystics from all the great traditions of humanity . . . The quest for a holistic vision of life is beginning to assume importance in many fields. This is particularly noticeable in the areas of health and healing, because here the old dichotomy between body and mind was most strongly manifested – and most clearly proved obsolete. (p. 1)

Following these trends in the emergence of the multicultural awakening in the society and in the counseling profession, counselors cannot afford to be indifferent to this development, but must find ways of updating themselves by being multiculturally competent, and holistically sensitive in their approach (D'Andrea & Daniels, 2006). Counselors do this by attending to the physical, emotional, mental, and spiritual well-being of their clients (Barnett & Johnson, 2010). This holistic approach includes being competent in R/S interventions where competency lies on a continuum between being destructive and being skilled in practice (Callahan, 2016), and where negligence in this domain may not only be unethical but lead to malpractice (Plante, 2014). The multi-cultural competence challenge has changed the way many professionals perceive their professional identity and their roles as competent helpers (D'Andrea & Daniels, 2006). Skill in the R/S domain augments the overall perception of the counselor as both professional and competent, whereas a lack of R/S competency could lead to malpractice (Plante, 2014). Thus, exploring suitable and effective ways of integrating R/S competencies into training and competent practice appears to be no longer superfluous, but an urgent necessity in the profession, as indicated by the studies of Sherwood (1999), West (2011), and Adams et al. (2015).

This study aspired to contribute to the challenge of devising efficient ways of addressing R/S competencies in counselor education. The area of focus was in addressing R/S competencies in supervision and practicum programs. The study aimed not only to help students learn suitable and effective ways of integrating R/S in their training but also help them to implement them in their clinical practice with a diversity of clients. If R/S competencies are better assimilated, counselors could grow into more proficient professionals; and better equipped to care for clients in a more holistic manner. This study contributed to the renewal of the awareness of counseling as a sacred process, a sacred journey and to the renewal of the awareness of the identity of the

counselor as an *accompagnier* dedicated to holding the space for the client's sacred journey in therapy (Cashwell & Young, 2011).

Limitations of the Study

The grounded theory approach was initially proposed by Glaser and Strauss in 1967, and since then has evolved into constellating versions (the classic, the constructivist, and the feminist versions of GT) of the original theory (Bryant & Charmaz, 2007b). This study focused on the process of the andragogy of R/S competencies in counseling. Interviews for this study were conducted with counseling professionals who have expertise in counseling, R/S competencies, and counselor supervision. While this study generated an andragogy or strategy for counseling supervision, it may not be applicable in other types of training programs.

Definition of Terms

Religion and spirituality and the other operative terms in this study are complex phenomena (Koenig, 2012). Hill et al. (2000) indicated that by their nature both religion and spirituality are intricate constructs, “and any single definition is likely to reflect a limited perspective or interest” of both religion and spirituality, or else reflect only a narrow and limited interest in these subjects (p. 52). However, social scientific research has customarily followed either a substantive or a functional approach, i.e., a working definition that describes the fundamental characteristics of these constructs (Pargament, 1997). The conceptual functional descriptions and approximate operational definitions of the major terms of this study are described below.

Religion

The term religion as used in this study signifies a bond between humanity and some transcendent (greater-than-human) power (Hill et al., 2000). Historically religion has involved the following characteristics drawn from Koenig et al. (2012).

- Beliefs about life, death, and life after death.
- Rules about conduct within a social group and rituals related to the transcendent, where the transcendent is God, Allah, HaShem, or a Higher Power in Western religious traditions, or to Brahman, manifestations of Brahman, Buddha, Dao, or ultimate truth/reality in Eastern traditions.
- Practices/ceremonies done in private or public setting derived from established traditions.

Spirituality

The term spirituality as used in this study was defined by the Association for the Spiritual, Ethical, and Related Values in Counseling (ASERVIC) description which is as follows:

Spirituality is the innate capacity and tendency within each one's life to move towards knowledge, love, meaning, hope, transcendence, connectedness and compassion which the animating force or spirit within each person infuses and draws out in a process that is experienced as both active and passive. (ASERVIC, n.d.)

Competencies

Competency from a professional perspective, has the nuance of referring to a set of specialized competencies required in a specific professional area where an individual has been trained, which correlates with job performance, and can be measured against well-defined standards (Parry, 1996). According to Spencer and Spencer (1993), competencies include:

Motives, traits, self-concepts, attitudes or values, content knowledge, or cognitive or behavioral skills – any individual characteristic that can be measured or counted reliably and that can be shown to differentiate significantly between superior and average performers, or between effective and ineffective performers. (p. 4)

In the literature, there is no common or widely accepted definition for either *competence* or *competency* (Neary, 2002; Stoof et al., 2002). While some scholars distinguish between competence and competency, others use them synonymously (Kennedy et al., 2009; Lindqvist et al., 2011). There are diverse conceptualizations and operationalizations of the term *competency* in the various fields of endeavor (Kennedy et al., 2009; Stoof et al., 2002).

In this study, the term competencies was understood to mean the cluster of multiple evidence-based capabilities that included (a) a certain quality of being and behavior, (b) theoretical knowledge and values, and (c) practical skills. All of these capabilities are required for the integration of religious and/or spiritual concerns in professional counseling training and practice, measured and evaluated according to the standards set by the ASERVIC (2009). The competencies referenced in this study are within the framework of R/S integration in the domain of counselor training in the context of practicum or internship supervision and can be acquired through learning and practice in training (Vieten et al., 2013).

Integration

In psychotherapy and counseling, integration consists of the skills and attitudes toward the practice of psychotherapy and counseling that treat individuals in their totality (body, mind, and spirit), thus affirming their inherent value as whole persons (Adler, 1932/2010). Erskine (2015) characterized it as a unifying psychotherapy that responds fittingly and efficiently to the person at the affective, behavioral, cognitive, and physiological levels of functioning, and

attends, as well, to the spiritual dimension of life. For the purposes of this research, integration referred to the process that helps the counselor to effectively acquire, and skillfully apply the requisite R/S competencies for addressing the clients' R/S issues as they appear relevant in therapy according to the standards outlined in ASERVIC's (2009) R/S competencies. The integrative approach to counseling and therapy is the direction towards which psychotherapy is moving in theory and practice (Norcross, 2005).

This study focused on the integration of R/S competencies in supervision and how supervisors best assist supervisees address their clients' religious or spiritual concerns in therapy. It is eminently about holistic caring of the supervisees and their clients, which is about improving supervisees' ethical and holistic clinical practice. It was for this purpose, that the *Association for Spiritual, Ethical, and Religious Values in Counseling* (ASERVIC, 2009) provided the competencies guidelines.

Supervision

Supervision as defined by Bernard and Goodyear (1998) was adopted for this study which reads as:

An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. The relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he, or they see(s), and serving as a gatekeeper of those who are in the particular profession. (p. 6)

Practicum

The use of the term practicum in this study followed its characterization by CACREP (2016) as a professional practice which provides for the application of theory and the development of counseling skills under supervision for entry-level student-professionals. Further, CACREP indicates this practice is usually done at an approved site under the direction of a qualified supervisor. During this training, case experiences are further evaluated and discussed under the supervision of faculty in weekly class meetings and seminars.

Internship

Internship as defined by CACREP (2016) is “a distinctly defined, post-practicum, supervised clinical experience in which the student refines and enhances basic counseling or student development knowledge and skills, and integrates and authenticates professional knowledge and skills related to program objectives” (p. 46).

ASERVIC

ASERVIC stands for the Association for Spiritual, Ethical, Religious Values in Counseling. It is one of the divisions of the American Counseling Association, made up of professional members who believe that spiritual, ethical, and religious values are critical to the overall development of the person. Thus, they are charged with and committed to integrating these values in both professional practice and in counselor education.

Chapter 2

Literature Review

Literature Review in Grounded Theory

It is pertinent to begin this chapter with an acknowledgement that the place of a literature review in grounded theory, in general, is a controversial topic (Charmaz, 2014). Classic grounded theory would prefer to have literature review done “when the grounded theory is nearly completed during sorting and writing up” (Glaser, 1998, p. 67), after the researchers have carried out their investigation, done their analysis, and discovered their theory. According to Glaser and Strauss (1967) and Glaser (1978) researchers should be able to avoid contaminating their project with pre-existing hypotheses and biases. A literature review in classic grounded theory serves only to integrate the emerging theory into the existing literature.

Chalmers (1999), Charmaz (2005), Kelle (2014) and Thornberg (2012), have all challenged the classic grounded theory notion of delaying literature review till after the investigation has been done. Chalmers (1999), Charmaz (2005), Kelle (2014), and Thornberg (2011), explained how constructivist grounded theory literature reviews should be done at different times compared to other studies.

According to Charmaz (2014), the researcher needs to become familiar with the substantive area of research through literature review prior to data collection. Charmaz argued that it would be unrealistic to expect a researcher to begin an investigation without a clue and a focus in the subject area being studied. Charmaz contended that a researcher not reviewing existing literature prior to beginning a research project is equivalent to a researcher to a who does

not think critically about a project thus becoming easily swayed or persuaded by biases in the work.

Charmaz (2014) recommended reviewing literature before setting out on the project, but without letting the literature stifle creativity or strangle the co-construction of a novel theory. Charmaz's recommendation was taken into consideration in this study. This literature review was designed to lay the foundation for subsequent chapters of this research study, especially for the discussion of the research findings. For Charmaz, the literature review gives the researcher the opportunity to clarify ideas; make captivating comparisons; invite the reader to begin a theoretical discussion; and demonstrate how and where the present study fits or extends relevant literatures.

This section of the review begins with an approximation of the significance of a literature review. The expression *approximation* is used here because there is no consensus among scholars about the definition of a literature review. According to Fink (2014) and Riley (1997) some scholars have opted to emphasize the tasks, steps, processes, and activities in literature review in their definition of it. Fink defined a literature review as “a systematic, explicit, and reproducible method for identifying, evaluating, and synthesizing the existing body of completed and recorded work produced by researchers, scholars and practitioners” (p. 3). This definition highlights the methodical activities through which a literature review is achieved. Machi and McEvoy (2016), however, have approached literature review from its finalized and organized structure as a written product. Bangert-Drowns (2005) and Har (2018) have identified a literature review as a process and a product.

The Aims of Literature Review

The aims and objectives of this literature review were consistent with how Charmaz (2014) envisioned what a literature review should provide for a research project. According to Charmaz's (2014) view, a literature review should provide the following features:

- Grasp of relevant works and thus, lay the foundation for the discussion of a topic.
- Clarity for the researcher's ideas.
- Opportunity to make intriguing and critical evaluations and comparisons.
- Engagement of the reader to a theoretical discussion with the researcher.
- Opportunity to demonstrate where the researcher's work stands or fits in the relevant literature, making "explicit and compelling connections between your study and earlier studies" (p. 309).

Approaches to Literature Review

In this section, a quick survey of the various approaches to doing a literature review will be covered. According to Snyder (2019) there are several ways of conducting a literature review "depending on the methodology needed to achieve the purpose of the review" (p. 334). Some of the different approaches to conducting a literature review noted in this section include: (a) a historic-chronological approach (Adams, 1987; Georgiou, 2021; Kamp et al., 2018), (b) an argumentative approach (Deane & Song, 2015; Wentzel, 2017), (c) a methodological or systematic approach (Bruce & Mollison, 2004; Petticrew & Roberts, 2006; Rickinson & May, 2009), (d) a theoretical approach (Rocco & Plakhotnik, 2009), (e) a hermeneutic approach (Boell & Cecez-Kecmanovic, 2014), and (f) an integrative approach (Torraco, 2005).

A literature review could take a historical approach, which focuses on examining the evolution of what has been written about the phenomenon under review, (i.e., investigating the

existing body of research, in a specific area, within a certain timeframe, and from a historic-chronological perspective), and what the most important conclusion were. Here, the major intent would be to trace the historical and intellectual progression of a field of study, highlighting major debates within it, oftentimes highlighting contrary opinions, and resolving them (Kamp et al., 2018). The importance of a historical approach to a literature review was highlighted by Adams (1987) when he stated:

A sense of history helps an investigator lock onto important themes. Experiments enriched by history could contribute to the science rather than only brightening an inconsequential corner. Second, a sense of history tends to shunt an investigator away from the fads and fashions of his or her fields. Fads and fashions are those inconsequential corners that are temporarily magnified out of proportion and that draw the energy of investigators who either have not seen the worth of persisting themes or who allow themselves to be turned from them. Third, the canons of scholarship are based on history because they require that (a) the origins of ideas be known so that one's own ideas are in perspective and, (b) earlier experiments be known so that the knowledge increment in one's own empirical findings is clear. (p. 41)

An argumentative approach, on the other hand, redefines the literature review as a series of connected arguments supporting the research question, thus developing a body of literature that focuses on and reinforces the contrary view of a given position or hypothesis which the researcher wishes to contest or resolve (Wentzel, 2017). Charmaz's (2014) recommendations about clarifying ideas, making captivating or intriguing comparisons applies here. The argumentative approach also has the potential to draw the reader into a theoretical discussion

with the researcher, and to show where and how the work extends the conversation in that substantive area of study (Charmaz, 2014).

Researchers can also use a methodological approach in their literature review, paying attention to the method of analysis employed in the studies they are reviewing, and adapting and developing the features of their method to the specific projects under investigation (Rickinson & May, 2009). They may also develop a systematic review, in which case, they would be aiming at a critical synthesis of research evidence systematically and objectively organized with arguments hypothesized to evaluate a scientifically defined research problem using pre-determined standardized criteria, which may be used to address a wide range of issues (Bruce & Mollison, 2004).

Boell and Cecez-Kecmanovic (2014) argued that “interpretation and understanding are inherent in the literature review process” (p. 259). Boell and Cecez-Kecmanovic proposed that researchers should engage in “ever expanding and deepening understanding of the relevant body of literature” through a hermeneutic process as an inherent theoretical foundation and a methodological approach to reviewing literature (p. 259). Drawing from the insights of Kuhn (1962), Boell and Cecez-Kecmanovic maintained that in scholarly research, a hermeneutic process in the literature review helps to develop deeper understanding of earlier theories, and to advance new paradigms.

There are still other approaches in doing a literature review — the theoretical approach, and the integrative approach. The theoretical approach aims at re-examining the theories or theoretical concepts in the literature review and developing a new cogent theory or hypothesis to be further studied or tested (Fink, 2014). The integrative approach synthesizes and integrates the literature on the topic of interest (Torraco, 2005).

Literature Review in This Study

Torraco (2005) characterized an integrative literature review as “a form of research that reviews, critiques, and synthesizes representative literature on a topic in an integrated way such that new frameworks and perspectives on the topic are generated” (p. 356). This study’s literature review was guided by the integrative approach. The integrative approach to a literature review offers a synthetic view of where this study fits in the relevant body of knowledge. The salient features of Torraco’s definition of an integrated literature review that justify the approach taken for this study are as follows:

1. It delineates an integrative way of doing literature review; and this fit in well with the thrust of this study which is to seek an understanding of the way to integrate R/S competencies into the supervision and practicum courses offered in counselor training programs.
2. An integrated methodology even for a literature review contributes to the overall integrative aim of the study.
3. An integrated literature review gives the researcher a leeway to incorporate the relevant aspects of the different approaches to literature review.
4. The definition speaks of “representative literature” (Torraco, 2005, p. 356) so, this review would be limited to what would be considered the representative sample of literature on the topic (Randolph, 2009). This helps to select with some objective criterion what would be representative in laying out the foundational trajectory that leads towards a better understanding of the integration of R/S into counseling supervision.

Structure of the Literature Review

Following Torraco's (2005) definition, the literature review in this study aimed at furnishing new frameworks and perspectives on the topic under investigation. Ideally, the new framework geared the study towards the generation of a new understanding of the nature and process of R/S integration in counseling practice and education, after the investigations have been carried out, analyzed, and synthesized. This literature review is divided into five parts.

The first two parts are introductory in nature, and they have a discussive character. The following three parts deal with issues regarding the integration of R/S into counseling and clinical supervision. The first, or introductory part, covers what we are currently doing in this section. It is a brief explanation of the nature, the purpose and the various approaches to literature review, and the different perspectives from which a researcher may wish to address the task of reviewing the literature in his study (Torraco, 2005).

The second part of Torraco's (2005) structure is historically characterized. It is an appraisal of the main milestones of the stages of the development of relationship between R/S and counseling and psychotherapy in an organized manner. This part encompasses the antecedents to the question of the integration of R/S in the early history of the prefiguration of modern counseling and psychotherapy. The relationship between R/S and modern scientific psychology was covered in this section as well.

The third portion of the literature review is thematic in nature (Torraco, 2005). It synthesizes value-added contributions of literature from a theoretical perspective. This portion is a review of R/S integration into counseling from the perspective of personality theories. From this perspective, the literature review articulates the major findings of scholars and theorists of personality psychology about the place of R/S in the human personality. The importance of the

integration of R/S into the clinical practice and training of counselors is deduced, especially in consideration of multiculturalism in contemporary counseling and psychotherapy.

In the fourth portion of the literature review, this study provides a methodical examination of the current theories for the integration of R/S in supervision. The current interest towards R/S integration as evidenced in the literature is acknowledged.

The fifth part constitutes a summary of this literature review. The discernible trends in the principles of the integration of R/S in counseling and training as gleaned from the literature are summarized. From the review a short synthesis of the main ideas, gathered through the literature review, are formulated under the initial sensitizing concepts.

Historical Antecedents to the Issue of Integration

Religion and psychology (including counseling) have historically worked together toward the goal of improving mental health in the general population from the beginning of recorded history (Koenig, 2012). Koenig (2009b) stated that “Evidence for religion playing a role in human life dates back 500,000 years ago when ritual treatment of skulls took place during China’s paleolithic period” (p. 283). The meeting point of R/S and psychology (including counseling) in antiquity was the general wellbeing of people, including their mental health (Kopp, 1972). In the subheadings below the nature of the integration of religion and spirituality in health care are examined briefly in different epochs and according to different cultures.

R/S Integration in Healthcare: The Norm from the Dawn of Recorded History.

In antiquity, peoples’ existential situations and existential crises led them to seek out those who could help to restore meaning to their lives, and thus, reinstate them to holistic wellbeing – and these helpers were oftentimes religious figures (Koenig, 2009a). Kopp (1972)

summed up the existential situation that usually led to the yoking of healing with R/S in these words:

In every age, men have set out on pilgrimages, on spiritual journeys, on personal quests. Driven by pain, drawn by longing, lifted by hope, singly and in groups they come in search of relief, enlightenment, peace, power, joy, or they know not what . . . they often seek out helpers, healers, and guides, spiritual teachers whose disciples they would become. (p. 3)

These helpers were regarded as the enlightened ones who could show others the way, or at least turn them away from the pathological paths (Kopp, 1972). Oftentimes, some of these helpers were also gurus (*Masters and Teachers*). Lovat (2003) described these ancient teachers in the following passage:

In ancient Aboriginal folklore, the ‘elder’ held knowledge of the secrets of the dreamtime, while in ancient Hinduism, the ‘guru’ had knowledge of the wheel of life. In ancient Confucianism, the ‘instructor’ possessed knowledge of all-important wisdom, and in ancient Greek civilization, according to Plato, the ‘philosopher king’ (the practical philosopher and teacher of the day) was the one who should know and be able to communicate the knowledge of the gods. In early Christendom, the bishop was deemed to be the ‘first teacher among teachers’, whose credentials rested on the clarity with which he could communicate his knowledge of the truth contained within the Scriptures. (p. 6)

The andragogic and therapeutic methods of the ancient “masters” were not didactic processes of teaching, but illuminative processes of induction into *ways of being* and *ways of wisdom*, with the kind of approach that Gayle (2011) described as “befriending wisdom” (p. 74).

Kopp (1972) used religious stories, and mythic tales, to illustrate the combination of spiritual wisdom and practical skills with which the ancient gurus taught and effected interventions, *healing*, and enlightenment. Kopp described how what was assimilated from the ancient masters along the path of knowledge, wisdom, and healing was “too elusively simple to be grasped without struggle, surrender, and experiencing of how it is,” or without some understanding of, and engagement with, the existential truth of the situation at hand (pp. 7-8). Kopp opined that this path, at times, would involve accessing higher levels of spiritual understanding or some experience or encounter with the divine truth.

These teachers often engaged their clients in therapeutic activities that were aimed at the clients’ enlightenment using parables, teaching-stories, metaphors, images, and allegories. Socratic inductions and other creative and symbolic ways of entering the path of wisdom, were also used to lead people into the path of wholeness, holiness, and healing, as Kopp (1972) succinctly pointed out when he stated:

If the guru is dogmatic, all he evokes in his pilgrim/disciple is their stubbornly resistant insistence on clinging to those unfortunate beliefs that at least provide the security of known misery, rather than openness to the risk of the unknown or the untried. That is why that Renaissance Magus, Paracelsus, warned that the guru should avoid simply revealing “the naked truth. He should use images, allegories, figures, wondrous speech, or other hidden, roundabout ways.” (p. 13)

Cashwell et al. (2020) drawing on Egnew’s (2005) insights, surmised that the words, “*healing, whole, and holy*,” all come from the same root (*Hal*), suggesting that all three terms point to processes that have similar potentialities to help people function better in less fragmented ways, bringing them recovery, wholeness, and wholesomeness (p. 4). Similarly,

Frame (2003) postulated a Latin root etymological connection between health, wholeness and wellbeing. Frame stated:

There are some etymological connections between the Latin root words for salvation and health. *Salvare* in Latin means “to save.” *Salvus* means “safe” and is related to the Latin word *salus* meaning healthy or whole. Thus, the religious word, *salvation* is etymologically related to the psychologically oriented words *health*, *wholeness*, and *wellbeing*. A linguistic history binds the spiritual notion of what it means to be whole with the psychological assumption about wellness. (p. 18)

Seen from this perspective, these early helpers, masters, and teachers, who were oftentimes spiritual guides, sought to help people to attain holistic healing of the entire person through an integrated combination of psychology, counseling, and spirituality (Koenig, 2009a). Kuisis (2004) advanced an understanding of how these ancient helpers recognized the confluence of religion and mental health care in the *restlessness* of the human heart and psyche. Drawing from the insights of Marcus (2003), Kuisis argued that:

Earlier societies possessed a sense of health as not being just an absence of illness but including a subjective quality of life, including the peace and coherence that flows from meaning, and in which the functions of healing were placed in the community’s spiritual leaders. (p. 71)

Marcus (2003) contended that the most important perspective on the convergence of healing, spirituality and therapy, is the fact that “the spiritual dimension seems to be rooted in man’s need to create an overarching framework of ultimate meaning, significance and purpose, that is, a symbolic world, one that gives one the sense of transcendence” (p. 195). In a symbolic

world, the andragogical methodology used by the ancient masters was mainly inductive; and their *disciples* learned on the job through a process of inductive assimilation (Kopp, 1972).

Pristine Forms of R/S Competencies Integration

According to Entwistle (2010), historically, mental care providers in antiquity operated from within the insights of available epistemologies, cosmologies, philosophies of life of various epochs and cultures, as their approaches to the integration of mental health care within a given culture. Entwistle explaining the situation of what he called “psychology before psychology” had this to say about the practice of mental health care in ancient times: “Insights about human character, whether rooted in philosophy, religion, medicine, or folk wisdom, often proved to be quite insightful, and many of these insights are still relevant today” (pp. 36-37). Entwistle gave an example of this trend with the role of the Church in mental health delivery, when he stated:

Historically, the Church has often been a force that advocated humane treatment . . . St. Basil (329-380 C.E.) established a monastery in Caesarea where mental patients received humane care, based on the notion that Christianity compels us to render care to others. Similar monasteries were founded by St. Jerome (343-420 C.E.) in Bethlehem, and St. Benedict (480-543 C.E.) in Monte Cassino, and other monasteries cared for displaced people, many of whom were mentally ill. (p. 37)

In West Africa, for example, the dominant philosophy of life was centered around the themes of community and oneness with nature (Nnadozie, 2000). Communal existence was regarded as a way of being, seen from the perspective of a relationship with the divine; with the spirit of the ancestors; with the natural world; and with the rhythms and cycles of life (Fukuyama & Sevig, 1999). Ige (2006) explains the relevance of ancestors in African communal living in the following way:

In the African belief system, the family is made up of both the living members and the ancestors. The ancestors are still present, watching over the household and the property of the family. They [ancestors] are the powerful part of the clan, maintaining a close link between the world of men and the spirit world. They are believed to be interested in the welfare of their living descendant(s). They even exercise protection and discipline any erring member of the living belonging to their clan. Thus, they are the guardians of family affairs, traditions, customs, ethics and morality, health and fertility. (p. 27)

In this cultural system of “very densely populated with spiritual beings” (Ige, 2006, p. 26), the standard integrated response to critical mental health-needs and to the existential crises of individuals and the community requires a process of healing. This process of healing is consistent with a belief system and philosophy of existence which treasures a way of being-in-connection with the spirit of their ancestors. In their worldview, healing was not understood from a purely secular perspective as a material relief, or as a purely physical cure of a part of the person (Torrey, 1986). Torrey (1986) admitted that the approach to treating mental illness in West African cultures required more than a doctor-patient connection, when he stated:

Treatment is not merely a ‘doctor-patient’ relationship but a form of social reintegration through the medium of social groups like the highly specialized N’jaye Society of the Mende. African medicine therefore plays a dual role designed to maintain the continuity of society as a functioning whole. (p. 105)

In this way, Torrey (1986) recognized that the healing of an individual in the West African cultural milieu was integral work having to do with more than relieving symptoms, but more importantly, sick individuals required a reintegration with their communities. Torrey realized that healing, even in the mental health setting in this cultural context, required

competences in group therapy and environmental manipulation to work. Fukuyama and Sevig (1999) regarded this reintegration of the individual suffering from mental disorders into the community as involving the (a) re-establishment of a lost equilibrium or relationship with the divine, (b) restoration of community with the ancestors, and (c) rebuilding of the unity of the community of which the person is a member. In other words, healing (involving the interface between the physical, the psychological, and the spiritual dimensions of the person) was perceived as a community event in concert with the divine, the ancestors, and the local community (Fukuyama & Sevig, 1999).

In the Buddhist tradition that goes back to the 1st–4th centuries CE in North-West India, Central Asia and China, the dominant epistemology was based on “enlightenment,” and the prominent philosophy of life was one of *liberation* and *balance* to attain *nirvana* (the ultimate state of soteriological release through mindfulness). Nirvana is a state of direct non-conceptual awareness of all reality (Chadha, 2015). Mindfulness was both a spiritual path as well as a therapeutic practice, and Buddhist monks used this practice as a way of bringing one’s attention to experience what is occurring in the present moment, through breath, body, thought, and sound meditations (Deleanu, 1992). Mace (2007) noted that mindfulness, which was originally a religious and spiritual practice, has become a topic among psychological therapists, and has been incorporated within contemporary psychoanalytic and cognitive-behavioral therapies. Kramer et al. (2002) stated:

In the traditional [Asian] belief system, mental illnesses are caused by a lack of harmony of emotions, or sometimes by evil spirits . . . some elderly Asian Americans share the Buddhist belief that problems in this life are most likely related to transgressions

committed in a past life. In addition, our previous life and our future life are as much part of the life cycle as our present life. (p. 228)

In these cultural and religious systems mental well-being was conceptualized in terms of the integration of the physiological, psychological, and spiritual functions in the human organism (Kramer et al., 2002). In a very broad outline, Buddhism, Taoism, Hinduism, and other Asian great religions strove to offer remedies in these modalities: *enlightenment/awakening* for the mind (Mikulas, 2007), *balance* and *harmony* for the emotions and bodily functions (Joshnloo, 2014) and *liberation* or *freedom* for the spirit (Mitchell & Wiseman, 2003). These modalities were meant to offer healing for illnesses, solace from the angst, anxieties, and concerns. These types of problems occasioned in the lives of their adherents, as stifled the authentic freedom of the human spirit (Chadha, 2015; Kramer et al., 2002). In a sense, one sees in these beliefs and practices the adumbrations of modern psychologists, like Adler (1956), Allport (1967) Frankl (1984), Jung (1937, 2015), and Maslow (1964a) who acknowledged the spiritual dimension of human persons and advocated an integrated approach to human development and therapy.

In the Western culture, by contrast, where the prevailing epistemology is empiricism with a secularist philosophy of life, healing (and by extension, counseling) has taken on an empirical evidence-based practice format for most practitioners (Moodley & West, 2005; Pesut et al., 2008). However, in the more recent past, the counseling profession in the Western world has advocated the integration of religious and spiritual concerns of clients when they are relevant to therapy (ASERVIC, 2009). In many other parts of the world, religion, spirituality, traditional medicine, and mental health care have had a history of integration of spirituality/religion and mental health which still works hand in hand today, as affirmed by Koenig (2012) when he stated:

Religion, medicine and healthcare have been related in one way or another in all population groups since the beginning of recorded history. Only in recent times have these systems of healing been separated, and this separation has occurred largely in highly developed nations; in many developing countries, there is little or no such separation. (p. 1)

The paradigm of holistic healing still offers remedy to those in the search of relief from pain, and to those in pursuit of enlightenment, peace, strength, joy (Moodley & West, 2005). Moodley and West (2005) reported in their study that in many countries, including some parts of the West Indies such as Haiti, Grenada, and parts of South America, Africa, India, Pakistan, Malaysia, Indonesia, the South Pacific Islands, and even in some African communities in England, the integration of religion in health care delivery is still in vogue. Drawing on the insights of scholars such as Neuman, (1982), Siegel, (1989), Simonton et al. (1978), and Fukuyama and Sevig (1999) suggested that recent mind-body studies, and holistic paradigms to health, are impacting the recovery of the spiritual dimension in therapy as an integral part of healing which has been the understanding and the explanation to the accommodation of myths, mysteries, rites, and rituals in the “traditional cultures of the world” (p.14). Moodley and West (2005) also noted the current struggle to integrate traditional healing methods with Western approaches on the African continent, in Asia, and in South America, when they stated:

Traditional healing seems to reflect a transitional stage in the search for an integrated and indigenous approach to mental health issues arising from the sociocultural and psycho-historical (colonial and postcolonial) experience of the African continent as a whole. Healing practices that went “underground,” so to speak, are now emerging in large metropolitan cities side by side with contemporary Western clinical medicine . . . It

seems likely that the latter system is the one that prevails, just as it is in many countries in Africa, Asia, and South America. (p. xix)

Commenting on these facts, Moodley and West (2005) observed that Western counseling and psychotherapy is relatively new, when viewed from the context and the perspective of the history and practice of healing throughout the world. Moodley and West held that “human societies since the dawn of history have ‘interrogated’ their conflicts, illnesses, and diseases with various forms of healing practices” (p. xviii). It is only in recent times that these systems of healing have been separated, and this separation has occurred largely in highly developed nations; in many developing countries there is little or no such separation in the integration of spirituality with other modalities of health care delivery (Koenig, 2012).

R/S Integration Reflects Recognition of a “Whole Being”

Koenig (2012) in his research on religion, spirituality and health, found out that in the Western world, religion, medicine, and mental health care worked together for centuries before the rupture came with the beginnings of scientific psychology which recognized only the physical, and the empirical factors, in the therapeutic process. According to Koenig (2012), throughout the Western world, mental health care had its roots within monasteries and religious communities. The distinct wisdom in the history of healing throughout the world has been the preference for an integrated therapeutic approach, in recognition of the unity of the whole person (Adler, 1956; Allport, 1955; Jung, 1939).

The key factor in the Christian holistic approach to health (as in all other social concerns) is located precisely in the unity of the human person which the Catholic Church acknowledged when she stated: “Though made of body and soul, man (the human person) is one” Second Vatican Documents, *Gaudium et Spes*, n.14). The point of departure in the Church’s social

concerns (including the health domain), is to uphold the dignity and the transcendent character of the human person created in the image of God as recorded in the text: “God created man in his image, in the divine image he created him; male and female he created them” (New American Bible, Genesis 1:27), of which the Church regards herself as “a sign and a safeguard” by reason of her role and competence (Second Vatican Documents, *Gaudium et Spes*, n.76). Pope John Paul II (1984) pointed out that in human suffering (including: physical, mental, moral, and spiritual suffering) both the unity and the dignity or transcendence of the human person are implicated and are “strikingly confirmed” (p. 35).

Pope John Paul II (1984) explained and expressed the encompassing and totalizing experience of human suffering by calling attention to both its subjective and objective dimensions (subjective moral suffering in the soul, and objective physical suffering in the body). Yet, Pope John Paul II (1984) insisted that human suffering “is something . . . more deeply rooted in humanity itself” (p. 8); something that the whole persons express with the pronoun that identifies them in their unique individual unity, as in the expressions: “I am affected by [insert],” “I experience a feeling of [insert],” or “I am suffering from [insert].” Pope John Paul II (1984) held that the Old Testament recognized the link between psychological suffering and physical pain when he stated:

In treating the human person as a psychological and physical “whole,” the Old Testament often links “moral” sufferings with the pain of specific parts of the body: the bones, kidneys, liver, viscera, heart. In fact, one cannot deny that moral sufferings have a “physical” or somatic element, and that they are often reflected in the state of the entire organism. (p. 9)

Sufferings and pains that show in the body but without any biological basis are routinely diagnosed in psychiatry and by mental health professionals as somatic symptoms and related disorders according to the criteria of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013). Somatic and related disorders used to be called psychosomatic disorders, and somatoform disorders in the earlier versions of the DSM-5 (American Psychiatric Association, 2013). According to Balt (2011) these disorders are thought to emanate from some deeper source in the person. Pope John Paul II used Old Testament texts to show how the unity of the human person is implicated in these psychosomatic experiences.

Walborn (2014) suggested that modern psychologists like Adler (1956), Allport (1955) and Jung (1939/2014) had profound appreciation of this unity of the whole person. The theme of individual unity marks Adler's kind of psychology, which he branded as *Individual Psychology* in 1912 (Orgler, 1976). Lloyd (2007) suggested that Jung used the term *individuum* to describe the indivisible unity of the person in the process of individuation.

Hofmann (1961) corroborated the idea of religion and mental health coming together to work in accordance with the unity of the human person, affirming that psychiatry and religion have come to realize that the two approaches meet on the common ground of the totality and unity of persons and their self-understanding. Morris (1963), in appreciation of religion's care of the total person, (i.e., his/her entire wellbeing — physical, mental, and spiritual wellbeing) reiterated the interrelatedness of this tripartite aspect of human nature in these words:

If we conceive of the human being as an organic unity, then we must believe that all these three aspects of man's nature — the moral or spiritual, the psychological, and the physical — are closely interrelated aspects of one whole. What affects one will affect the

others. In this sense, man's moral nature cannot be separated from his physical and psychological nature. We cannot break these three aspects of man into separate, unrelated fragments without doing extreme violence to his integrity as an organic human being. (p. 227)

Curing bodies, soothing psychological wounds, and healing souls were all part of the holistic ministry and healing of the person that ecclesiastical bodies and religious orders supplied throughout the Middle Ages (Koenig, 2012). The first medical institutions in the West for the care of the sick in the general population were erected by religious bodies and organizations and staffed by religious orders (Koenig, 2012). The practice of medicine was regulated by religious institutions for hundreds of years, throughout the Middle Ages and up through the French Revolution (Koenig, 2012).

Sushma and Tavaragi (2016) described mental health care between the late 1700s and 1800s by what Pinel (1806) termed *moral treatment*. Sushma and Tavaragi summarized the various facets of this moral approach, which consisted of treating patients in the following ways and utilizing certain techniques and ways of being with patients. Of these approaches, understanding was important. According to Sushma and Tavaragi (2016), Pinel (1806) showed optimism about the treatability of mental illness and “rejected the prevailing popular notion that mental illness was caused by demonic possession” (p. 166).

A caring way of being with patients was also emphasized. Sushma and Tavaragi (2016) stated that “Pinel expressed warm feelings and respect for his patients” (p.166). The caregivers were sensitive to the humanity of the patients, and treated them with a remarkable degree of humanism, empathy, compassion and kindness; and with goodwill; and they patients responded

accordingly. Pinel (1806) himself expressed in his own words the following sentiments about the way of being in the asylum:

I cannot here avoid giving my most decided suffrage in favor of the moral qualities of maniacs. I have no where met, excepting in romances, with fonder husbands, more affectionate parents, more impassioned lovers, more pure and exalted patriots, than in lunatic asylum, during their intervals of calmness and reason. A man of sensibility may go there every day of his life, and witness scenes of indescribable tenderness associated to a most estimable virtue. (p. 16)

The interventions chosen were also important. About Pinel (1806), Sushma and Tavaragi (2016) reported on how:

Pinel visited each patient, often several times a day. He engaged them in lengthy conversations and took careful notes. He recommended close medical attendance during convalescence, and he emphasized the need for hygiene, physical exercise, and a program of purposeful productive work for mental patients” (pp. 166-167).

Taubes (1998) indicated that the patients were treated according to the state and level of development in the field at the time, which was structured around two important and complementary pillars. These two pillars included (a) a medical framework concerning the functioning of the self, according to the emerging psychiatric theories of that era, and (b) a Christian religious framework that centered around the virtues of self-discipline, regular worship, manual labor, and respectful approach towards patients inspired by the Protestant ethics. This integrative approach to disability work was the first form of psychiatric care in the United States.

Koenig et al. (2001) acknowledged that historically speaking, the Church’s care for the mentally ill was better than what obtained in state-run asylums. Koenig et al. stated, “These

church-sponsored asylums, under the guidance of priests, gave better care to the insane than did state-supported hospitals as late as the sixteenth and seventeenth centuries” (p. 68). Koenig et al. also noted though that church-sponsored care had its downside in the Renaissance era. Due to the stage of the development and level of knowledge of mental health at the time and the “obsession with demonology” there were mistakes and misunderstandings in the etiology and prognostics of mental illness which, in some cases, led to misdiagnosis of pathology as demonic possessions (p. 68).

Schoeneman (1977) cited a typical example in the use of a manual known as the *Malleus Maleficarum*, or the Witches’ Hammer – to hunt down those considered to be witches (but who were cases of mental illness). Zilboorg and Henry (1941) described the situation as follows:

The fusion of insanity, witchcraft and heresy into one concept and the exclusion of even the suspicion that the problem is a medical one is now complete . . . These diseases were accurately recorded by both inquisitor and judge, although consistently misinterpreted in accordance with the tenets of prevailing demonology. (pp. 155-157)

Many were witch-hunted and executed at witch trials especially in Western Europe, and some in America.

Psychology’s Misunderstanding of Religion and Spirituality

The disintegration of R/S from psychotherapy came largely with the attack in the writings and doctrines of Sigmund Freud against religion (Koenig, 2012). Psychology as a scientific enterprise made its debut towards the end of the 19th century with the establishment of the structuralist school of psychology in Germany in 1879 (Ruuch, 1954). Misiak (1967) described the hostile attitude of some of the early works of the nascent discipline in this manner by stating:

Some of the new psychological works, in point of fact, were explicitly materialistic and antireligious, and some were contemptuous of theology and philosophy, asserting that psychology could explain the nature of man without philosophy or theology. (p. 973)

Freud (1927/1964) believed that he had to get rid of religion, which he considered to be “comparable to a childhood neurosis” (p. 87). Dismissing religion was Freud’s way of establishing his scientific psychoanalysis as a civilization of reason and experience which “in the long run nothing can withstand” (p.89). Freud was “optimistic enough to suppose that mankind will surmount [the neurotic phase it was passing and experiencing with religion], just as so many children grow out of similar neurosis” (p. 87).

Grogan (2015) remarked that Freud (1927/1964) did not appreciate religion, but rather held that religious beliefs were a form of pathology. About religion, Freud wrote,

Religion would thus be the universal obsessional neurosis of humanity; like the obsessional neurosis of children, it arose out of the Oedipus complex, out of the relations to the father. If this view is right, it is to be supposed that a turning away from religion is bound to occur with the fatal inevitability of a process of growth, and that we find ourselves at this very juncture in the middle of that phase of development. (pp. 70-71)

With the inception of behaviorism, Watson (1913) and the behaviorists signaled their understanding of the new branch of psychology, and its view on the human person and human behavior from a materialist perspective. Watson described this new branch:

Psychology as the behaviorist views it is a purely objective experimental branch of natural science. Its theoretical goal is the prediction and control of behavior. Introspection forms no essential part of its methods, nor is the scientific value of its data dependent upon the readiness with which they lend themselves to interpretation in terms of

consciousness. The behaviorist, in his efforts to get a unitary scheme of animal response, recognizes no dividing line between man and brute. The behavior of man, with all of its refinement and complexity, forms only a part of the behaviorists' total scheme of investigation. (p. 158)

Commenting on Watson (1913), Morris and Todd (1999) observed that behaviorism entailed a comparative study of humans on par with animal research such as problem-solving in rats, maze learning birds and discriminate learning with monkeys. The aim of this comparative study, according to Morris and Todd, was to formulate, through systemic observations and experimentations, the general principles which underlie human behavior. Morris and Todd believed individuals were motivated by the principles of prediction and control obtainable in the natural sciences. Cadena and Saucedo (2016) appraised Watson's behaviorism as an extreme form of physicalism that leads to the ontological reduction of the human person, Ontological reduction makes no room for the inner dimension of the individual. Cadena and Saucedo also argued ontological reduction reduced thought to a mere subvocal speech.

This negative attitude towards the inner life of the person drew Bandura (2006), Funke (2014) and Selaro et al. (2014) to interrogate the ability of behaviorism to account for human spiritual activities like intentionality, divergent thinking, choice, conscious self-awareness, and forethought; all of which play a part in human behavior. Leeming et al. (2010) indicated that it was this dominant negative attitude of the *new science* towards spirituality and religion, combined with the "materialistic, secular, and rationalistic *weltanschauung*" of the Enlightenment that created a rift and the mutual suspicion between R/S and psychology (p. vii).

Ellis (1980), Watters (1992), and Yalom (2010) followed in Freud's (1927/1964) footsteps repudiating religion almost in the same terms that Freud had used. Ellis (1980) asserted

that there was an irrefutable causal relationship between religion and emotional mental illness. Watters claimed that the doctrinal teachings of the Church and the Church's liturgical practices have been shown to discourage the development of mature adult coping behaviors, and the interpersonal relationship skills that enable individuals to handle anxiety and stress in adaptive ways (Watters, 1992). Yalom, in his own evaluation of religion, indicated that "death anxiety is the mother of all religions, which, in one way or another, attempt to temper the anguish of our finitude" (p. 17).

Towards the Re-Integration of R/S into Mental Health

Baglow (2020) and Collins (2006) suggested that the rift between religion and science (in this case represented by psychology) is contrived. For Longobardi (2013), "the gulf that divides science and religion appears superficial" (p. 4). Longobardi affirmed that both religion and psychology play very important roles in the human personality, where both share the work of mediating between the individual and the forces beyond the conscious mind.

Allport (1955), Frankl (1967, 1984), James (1890/1950), Jung (1958/2005), Koenig and Larson (2001), Maslow (1954/1981), and May (1982), prominent experts in the field, were among those who favored the integration of religion into the field of mental health care. These scholars were marked by three common characteristics: (a) they were opposed to the reductionist theories of those who relegated religion to realms of illusion, neurosis, or to an etiology of mental illness; (b) they were ardent advocates of a holistic attitude to the understanding of the person, the process of human growth and development, the nature and meaning of human wellbeing, and (c) their approaches to psychology have a certain transpersonal quality to it. These scholars spoke of the human trajectory in terms of the integration of the individual person — i.e., in terms of his/her wholeness and unity (e.g., Jung & Pauli, 1952/2012; Maslow 1981), of

his/her personal values (e.g., Frankl, 1967); and of human growth and transformation (e.g., James 1974; Maslow 1981). Allport (1955) and Maslow (1981), went beyond the concerns of psychopathology and transcended the language of mechanistic structures and instinctual drives. Frankl (2000) and May (1973) understood that there was something more about the human personality that has its foundation in the spiritual domain.

Working with their patients and reflecting on their research and theories, Allport (1967), Frankl (1975, 2000), James (1890/1950, 1902/1929), Jung (1937, 2017), Maslow (1964a, 1970), and May (1973) recognized that R/S contributed to an understanding of the nature of the human person. James (1890/1950) and Allport (1955) shed light on the R/S dimension of the personality structure. Furthermore, R/S promotion of a healthy and proper functioning psyche was acknowledged by Jung (1958 /2005), while Maslow (1954/1981) recognized the contribution of R/S in the process and dynamics of human optimal growth and development.

Adler (1938/2011) recognized that R/S provides the person with the resources for human growth. Jung (1958/2005) affirmed the role of R/S in providing stability for the personality. Maslow (1969) pointed to spirituality for maximizing the potential for human development in self-transcendence, peak experiences, in unitive consciousness, and in the farther reaches of human nature. Frankl (1967) emphasized the noetic dimension of the personality through which individuals go beyond the instincts and seek values and meaning to live by, because the human person by nature has a spiritual dimension. In this regard, Frankl (1967, 1984) and James (1902/1929) particularly noted the contribution of R/S in the domain of human existential needs, and especially in the face of potentially threatening circumstances.

Personality Theories Integrate Religion and Spirituality

James (1890/1950) broadened the scope of mental health care beyond the treatment of psychopathology. He extended the understanding of the nature of the self to include the spiritual self. In doing so, James included man's inner and subjective being, psychic faculties or dispositions, and the central part of the self, known so closely, but understood so vaguely — known, however, through the most obscure sense of feeling (James 1890/1950). In doing so, James became one of the early psychologists that opened up the topics of religion and spirituality to scientific investigation.

R/S and Human Nature

In contrast to Freud (1927/1964), William James approached religion from the perspective of its full significance, and its evolved and performed forms (James, 1902/1929). James (1917/1974) defined religion as “the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine” (p. 32). In, *The Varieties of Religious Experience*, James (1902/1929) laid out the path of religion through a trajectory that runs from sick souls to a process of conversion, and from there to saintliness, and then to the experience of mysticism. And distant from Freud's (1927/1964) far-cry of illusions and neuroses in religion, James (1902/1974) averred that “the supernaturalism and optimism to which they (*mystics*) would persuade us may, interpreted in one way or another, be after all the truest of insights into the meaning of this life” (p. 412).

Thus, as far as James (1929) was concerned, the field of mental health should go beyond the treatment of psychopathology (the equivalent of sick and divided self). James also expected psychology to aid the process through which people negotiate the stages of human growth beyond the self-actualization into the reaches of the mystical states, where they “add a super-

sensuous meaning to the ordinary outward data of consciousness” on account of the spiritual nature of the human person (pp. 417-418).

Proudfoot (2004) suggested that James (1902/1974) move towards a resolution of the conflict between religion and science. James (1902/1974) clarified that while science deals with causal relations, religion is concerned with the meaning of life. Fuller (2008) described James’ (1956) position on religion and stated:

Reality is so rich in James’s view, that it overflows anything our perceiving or conceiving can ever make of it. As there is always something more to be made of the universe, no single point of view can embrace or exhaust it. (p. 6)

Accordingly, the individual’s perspective on the world can simultaneously be enriched by the truth of both science and religion (Fuller, 2008). Based on this view, James (1929) did not see the grounds for rejecting religion and stated:

The sciences of nature know nothing of spiritual presences . . . The scientist, so called, is, during his scientific hours at least, so materialistic that one may well say that the whole influence of science goes against the notion that religion should be recognized at all . . . In spite of the appeal which this impersonality of the scientific attitude makes to a certain magnanimity of temper, I believe it to be shallow, and I can now state my reason. The world of our experience consists at all times of two parts, an objective and a subjective part, of which the former may be incalculably more extensive than the latter, and yet the latter can never be omitted or suppressed. . . . If this is true, it is absurd for science to say that egotistic element of experience should be suppressed, . . . I unhesitatingly repudiate the survival-theory of religion . . . It does not follow, because our ancestors made so many errors of fact and mixed them with their religion, that we should therefore leave off

being religious at all . . . let us agree, then, that religion, occupying herself with personal destinies . . . must necessarily play an eternal part in human history. (pp. 480-493)

R/S and the Structure of the Human Personality

Allport (1950/1967) spearheaded a new movement in the field of psychology to give the human personality more than just a simple statistical significance. According to Allport (1950) the nature of human beings is not only affected by religion and spirituality, but even the very structure of human personality, is characterized by the religious sentiment. Allport (1955) was convinced that psychology was following a positivistic paradigm of shrinking everything to empirical quantification (pp. 19-28). Allport (1995) also knew that this was a false reduction of what constitutes psychological reality, and more so, what really matters in personality structure (p. 75).

In Allport's (1955) assessment, many areas of psychology were not concerned with individuality i.e., the fact that people as individuals are unique. Allport (1955) stated that "what is wanted is knowledge about averages, about the generalized human mind, or about types of people" (p. 23). In his work, *Personality: A Psychological Interpretation*, Allport (1939) pointed out that "as a rule, science regards the individual as a mere bothersome accident. Psychology, too, ordinarily treats him as something to be brushed aside so that the main business of accounting for the uniformity of events can get under way" (p. vii). Allport changed this attitude and replaced it by paying attention to the structure of the human personality in his brand of psychology. Allport (1939) affirmed:

With the intention of supplementing this abstract portrait by one that is more life-like, a new movement within psychological science has gradually grown up. It attempts in a variety of ways and from many points of view to depict and account for the manifest

individuality of mind. This new movement has come to be known (in America) as the psychology of personality. (p. vii)

From Allport's (1950/1967) research in the psychology of personality and from his observations of the more life-like feature of the person, he concluded that the religious sentiment was a significant aspect of personality structure. In a passage where Allport (1955) gave indications of the status of religion in psychology he asserted that the religious sentiment played a significant role in the structure of personality where "it has attachments to the most elusive facets of (the process of) becoming, including propiarte striving, generic conscience, and intentionality" (p. 93). The implications of this new approach in the understanding of human personality were far-reaching in their impact on later scholars (Cattell, 1946) and on the way personality test is done (Funder, 1991). Walborn (2014) credited Allport with being "a religious and spiritual man" (p. 299) and reported:

Allport, not being satisfied that religion was equivalent to a knee jerk, would go on to write theoretical and empirical works on the import of religion in life. He [Allport] was not satisfied that all religion was just a Skinnerian stimulus-response reaction. He was not satisfied that religion was a Freudian narcissistic venture of explaining the unknown for individual gains. Allport did not believe that Humanistic psychology was equivalent to religion. Religious practices may take many forms . . . [However] a necessary distinction is [made] between people who claim to be religious for self-serving purposes and people who claim to be religious for serving God, for incorporating an integral and comprehensive view of God into their lives which impacts them on a daily basis. (p. 300)

Allport (1955) reported being very much aware of human growth requirements and recognized that "we need to transcend the limitations of a psychology of species and develop a

more adequate psychology of personal growth” (p. 23). Not satisfied with working with mere theoretical constructs and statistical averages, Allport moved in the direction of offering a paradigm for doing counseling with real persons in their holistic individuality in which the whole structure of the human personality, including the spiritual aspect, was considered. In *Becoming: Basic Considerations for a Psychology of Personality*, Allport also insisted that we must account “for the organization and growth of the individual person with all his outreaching, downward, upward, inward, outward” and doing so with attention to the uniqueness of each person (p. 5). For Allport, what accounted for the manifest individuality of mind is a certain quality of uniqueness in each person arising from the spiritual character of the structure of their personality, he stated:

Unlike plants and lower animals, man is not merely a creature of cell structure, tropism, and instinct; he does not live his life by repeating, with trivial variation, the pattern of his species. Nature’s heavy investment in individuality stands forth chiefly in homo sapiens. While we may recognize individual differences among dogs or varying strains of temperament among rats, still their lives in all essential particulars are regulated by their membership in a species. Man, alone has the capacity to vary his biological needs extensively and to add to them. (p. 22)

Allport (1955) argues that individuals are unique; and therefore, they are not just a pack of habits, drives, or instincts, or just a specimen of the species. They are more than mere contractions, abstractions, or samples from psychological theories, for “man talks, laughs, feels bored, develops a culture, prays, has a foreknowledge of death, studies theology, and strive for the improvement of his own personality” (p. 22). Allport (1939) insisted that the individual is more than a mere representative of humanity. For Allport, the individual is more than a citizen of

the state, and more than a mere number or statistic in the gigantic movements of mankind. The individual is more than all these and cannot be treated or studied mechanistically in the way machines are studied and treated, or even analogically by comparison with experimental animals, for individual human characteristics and personal striving cannot be accounted for by these means, since the values that men strive for must be seen as coming from a spiritual or transcendent source to be worthwhile. Hick (1999) validated this transcendent aspect of the human person when he wrote:

There is an aspect of us that is in tune with the Transcendent. This aspect is referred to as the image of God within us; or as the divine spark spoken of by Plotinus, Pseudo-Dionysius, Eckhart, Ruusbroec, Suso, Tauler and many other Christian mystics; or as “that of God in every man;” or as the *atman* which in our deepest nature we all are or as our “true self” or as the universal Buddha nature within us. It is this aspect of our being that is affected by the ultimately Real to the extent that we are open to that reality. (p. 41)

Accordingly, Allport (1967) related the transcendent source to religion and emphasized the unique meaning of religion in his study of the growth and development of the individual and his faith. He preferred the study of the meaning of religion to the individual, rather than a study of the comparison of one person's religion to another's. Thus, in the *Individual and His Religion* Allport wrote:

I am seeking to trace the full course of religious development in the normally mature and productive personality. I am dealing with the psychology, not with the psychopathology of religion . . . Many personalities attain a religious view of life without suffering arrested development and without self-deception. (p. viii)

Allport (1967) wrote that he did not mean religion as an institution, rather he meant “religious sentiment” as it relates to the individual, to his personality structure, and how it helps his growth and development (p.54). According to Allport (1955) human growth is a process of becoming as one approximates to more mature goals and values, and learns to accept himself more readily, to tolerate others, and to handle the conflicts of later life in a mature manner. Allport (1955) saw love as the ground of this entire process of becoming; and he argued:

Love received, and love given comprise the best form of therapy. [He declared that] a patient in treatment, . . . makes progress towards health in proportion as his resentments, hostility, and hatred lessen, and in proportion as he feels accepted and wanted by therapist, family and associates. (p. 32)

Allport (1967) believed that although religion may have had a common root, yet each person’s faith is unique — being the product, among other things, of the unique adjustment in their personality to (a) their bodily needs, (b) their temperament (c) their psychogenic interests and values, (d) their pursuit of rational explanation, and (e) their response to surrounding culture. The combination of these various factors working together in a differentiated, consistent, comprehensive way in the person helps to shape and grow each person’s faith, and to give it its quality (Allport, 1967, pp. 57-69).

Allport and Ross (1967) characterized religious orientation in two broad categories: a) “intrinsic orientation,” and b) “extrinsic orientation” (p. 434). Intrinsic orientation is evident when individuals’ motivation develops strongly around the religious sentiment and leads them to value religion for its own sake. These individuals have learned to channel their bodily instincts towards a goal that is no longer determined by self-interest. Allport and Ross argued:

Persons with this orientation find their master motive in religion. Other needs, strong as they may be, are regarded as of less ultimate significance, and they are, so far as possible, brought into harmony with the religious beliefs and prescriptions. Having embraced a creed, the individual endeavors to internalize it and follow it fully. It is in this sense that he *lives* his religion. (p. 434)

In contrast, Allport and Ross (1967) characterized people with extrinsic orientation (children and adults) as those who are “disposed to use religion for their own ends . . . Persons with this orientation may find religion useful in a variety of ways - to provide security and solace . . .” (p. 434). Allport (1968) further qualifies this orientation as a quality of immature religion that is largely concerned with magical thinking about religion “to provide . . . sociability and distraction, status and self-justification” (p. 243). According to Allport (1968), the interest of those with extrinsic religious orientation is driven by clannish and parochial concerns, and creature comfort. Extrinsically oriented religion may be motivated by external factors such as social pressure, family, peers, stressful life events, or by internal factors like profit, guilt, shame, fear of punishment. Extrinsic faith is goaded on and sustained by the impulses of the flesh, and their drives; by the immediate satisfaction of their instincts; and by the reduction of their tensions and conflicts. Allport (1955) calls these “opportunistic adjustments,” which seem basic and adequate especially to psychologists working with animals” (p. 48).

Allport (1937, 1955, 1958) proposed that religious maturity is enabled by two factors: (a) functional autonomy and (b) propiarte striving. Allport (1937) saw human action and motivation as “things” pulled and drawn (in front) by a future orientation that gives it autonomy from the past, and not pushed (from behind) by an infantile instinctive past, prompted by “so many canalizations of the basic sexual instinct” as Freud (1906) had suggested (p. 143). For Allport

(1937), adult motives which are dynamic, “infinitely varied, and self-sustaining, contemporary systems” cannot be compared to residual childhood needs; rather, through the principle of the functional autonomy of motives, adult motives become functionally independent as contemporary systems of dynamic goals (p. 143).

According to Allport (1955), values of lasting quality like religion, science, art, and love are never perfected, and so “from their incompleteness they derive their forward impetus” (p. 154). For Allport propiarte striving takes place in the process of becoming. Propiarte striving represents the self-anchored basis for mature behavior as Allport stated,

Propiarte striving distinguishes itself from other forms of motivation in that, however beset by conflicts, it makes for unification of personality . . . when the individual is dominated by segmental drives, by compulsions, or by the winds of circumstance, he has lost the integrity that comes only from maintaining major directions of striving. The possession of long-range goals, regarded as central to one’s personal existence, distinguishes the human being from the animal, the adult from the child, and in many cases the healthy personality from the sick. (pp. 50-51)

Thus, for Allport (1955) propiarte striving involves mature behavior that is guided by futuristic (long-range) positive goals, which are regarded as fundamental to personal life’s project to be attained by the individual, and not controlled by past determinants or present circumstances. Allport made it clear that the mature behavior that proceeds from propiarte striving, as noted above, is a pull from the future, and not a push from the past. In this same way, mature religious sentiment is not a habit driven by past childhood needs and childish dependency but motivated and pulled by mature adult values and future-oriented goals, as Malony (1971) affirmed:

The character of the “pull” in mature behavior is what is referred to by the term “proprium.” This is that integrating force of personality which orients behavior toward those events that make long-range, lifetime, self-determining goals come true. (p. 101)

In this way, Allport (1955, 1967) offered rich material for work in the trajectory of R/S integration in counseling: its necessity, its direction, and hints about its implementation in therapy, and what might be important and relevant in addressing client’s R/S issues for sound human functioning.

Religion, Psychic Balance, and Stability

The human personality which was described by Allport (1967) as having a structure characterized by religious sentiment, is also portrayed by Jung (1958/2005) as needing stability and balance. Jung’s (1958/2005) views on the religious sentiment were shaped through several things. First, Jung (1961/1989) described his “confrontation with the unconscious” (pp. 170-199), which shaped his perspective on religion. Secondly, Jung’s views were shaped by his study of Eastern religions and the psychological effects of archetypes and mandalas, as Jung (1961/1989) explained in *Memories Dreams, Reflections*. Miranda (2019) stated that “The role of Jung’s personal religious experiences was key to the formation of his ideas” (p. 5). Jung acknowledged that it was especially his study of the archetypes of the collective unconscious which led him to conclude that man possesses what he described as a natural religious function. Jung (1964/1970b) viewed religion like a psychic instinct that influences the individual powerfully as do the other instincts (e.g., sexuality and aggression). In *Civilization in Transition*, Jung (1964/1970b) stated:

The understanding of religion [of the man of today] is made considerably more difficult owing to the lack of explanation . . . If, despite this, he has still not discarded all his

religious convictions, this is because the religious impulse rests on an instinctive basis and is therefore a specifically human function . . . When any natural human function gets lost, i.e., is denied conscious and intentional expression, a general disturbance results. (para. 544)

This is in direct contrast to those who viewed religion as an illusion, or “universal obsessional neurosis of humanity” (Freud, 1927/1964, p. 71); an escape from reality or emotional mental illness (Ellis, 1980); a childish weakness, or immature adult coping behavior (Watters, 1992); or as Yalom (2010) expressed it: “a death anxiety” which he (Yalom, 2010) considered as “the mother of all religion” (p. 17).

Jung’s (1958/2005) insistence on the importance of R/S integration emanated from his own experience and from his integrative work with clients in the domain of analytical psychotherapy. Jung (1935/2015) indicated that religion aids the stability of the personality. From Jung (2009) we learn posthumously about the importance of R/S integration into therapy for the stability, health and greater mature functioning of the personality. In Jung’s private diary, the *Red Book*, published in 2009 after his death, he copiously captured his integrative work on himself, and on his clients in therapy. Jung (2009) described his conviction that there is a depth dimension to human life; and he believed that it is this spiritual aspect of persons that gives them both depth and stability; while suggesting that the depth or spiritual dimension of persons and their life’s goal should never be neglected, but assiduously discovered, harnessed, and integrated to fulfill their innate deep potentials.

Doran (2017) reported that in 1913, Jung’s foray into the religious and spiritual domain caused a rift between he and Freud. In spite of this, Jung regarded Freud as a colleague and his mentor, but one with whom he quarreled over divergent theoretical positions in psychoanalysis.

After the rupture in his relationship with Freud, Jung (1944/1968) went on to expand on his insights into the human personality from his interaction with both Eastern and Western religions and spiritualities. In 1946, Jung established his own school which became known as the Analytical School of Psychology, with emphasis on what Jung called the collective unconscious and the personal unconscious. Jung (1959) theorized that within the collective unconscious are located the archetypes, which are inherited dispositions and potentials in the form of universal archaic patterns and images of reality expressed in stories, arts, dreams, cultures, myths, and religions. Jung (1953/1980) indicated that these potential dispositions (the archetypes) become actuated in consciousness and behavior in our encounter with the external world and events (e.g., birth, death, marriage, etc.).

In Carl Jung's (1969) analytical psychology, the term religion does not stand simply for creeds or systematized and dogmatized faith, rather he uses the term to include and to describe a function of the psyche which has been transformed by experience of the "numinosum" (p. 7). Numinosum was coined by Otto (1923/1959) to designate an awe-inspiring experience, usually, of an invisible presence. This is the notion of religion in Jung's psychology, which plays a significant role as a natural function deeply engraved upon the psyche. It is there, in "our innermost, last, and incomparable uniqueness," that it functions "naturally" for the stability of the psyche (Jung, 1967, p. 173). Human beings are as much occupied with the expression of this function – the forming of symbols and the building up of a religion — as they are with the other functions in their lives such as the tilling of the earth, the provisions for the fulfillment of their other basic needs, and the need to meet up with the demands of social and political life. Accordingly, in moments of conflicts (and disasters) the incontrovertible experience of having an

intensely personal, reciprocal relationship with an extramundane authority which acts as counterpoise to the world and its reason is what religion provides (Jung, 1958/2005).

The Pew Research Center Survey (2020) indicated that the COVID-19 pandemic boosted the faith of many people (especially in the United States) showing an example of a situation-when people turned to “religious group, family, friends, and co-workers or other social networks for support” (Shagal & Connaughton, 2021, p. 3), when the taken-for-granted stability of daily life was challenged and thwarted by events beyond their immediate control. In the *Undiscovered Self*, Jung (1958/2005) wrote:

Religion, as the careful observation and taking into account of certain invisible and uncontrollable factors, is an instinctive attitude peculiar to man, and its manifestations can be followed all through human history. Its evident purpose is to maintain the psychic balance, for the natural man has an equally natural knowledge of the fact that his conscious functions may at any time be thwarted by uncontrollable happenings coming from the inside as well as from the outside. For this reason, he has always taken care that any difficult decision likely to have consequences for himself and others shall be rendered safe by suitable measures of a religious nature. (pp. 17-18)

Thus, religion, according to Jung (1958/2005) serves as a reference point of dependence, protection, stability, and submission, outside the external conditions of life and the forces of socio-political control and domination. About the need for religious and a higher power, Jung stated:

The individual who is not anchored in God can offer no resistance on his own resources to the physical and moral blandishments of the world. For this he needs the evidence of inner, transcendent experience which alone can protect him from the otherwise inevitable

subversion in the mass. Merely intellectual or even moral insight into the stultification and moral irresponsibility of the mass man is a negative recognition only and amounts to not much more than a wavering on the road to the atomization of the individual. (pp. 16-17)

Jung (1958/2005), thus, observed that religion functions as a counterbalance to what he referred to as mass-mindedness and restiveness in the absence of meaning. Jung (1960) acknowledged that the restless heart is in search of meaning when he stated that “Restlessness begets meaninglessness, and the lack of meaning in life is a soul-sickness whose full extent and full import our age has not yet begun to comprehend” (p. 537). Okan and Eksi (2017) have affirmed that throughout history people have sought for meaning in the challenges brought about by the “existential barriers” and the “existential vacancy” that confront them especially in the face of life’s complexities and uncertainties that have increased with the social cultural changes that have taken place since the last century (p. 144). The rest that the restless heart seeks consciously or unconsciously (i.e., peace, stability and fulfillment) is found in God (Hebrews 4: 1-11, NAB).

According to Jung (1970), the restlessness and the search for what quiets the heart (the move towards wholeness) are inscribed in the human psyche in the form of mandala archetypes; and these archetypes form the basis of religious symbols (p. 22). For Jung (1968) the true mandala is always an inner image, which is gradually built up through active imagination, at such times “when psychic equilibrium- is disturbed or when a thought cannot be found and must be sought for, because it is not contained in holy doctrine” (para. 123). Vernon (2011) opined that, religious symbols are not merely archeological artifacts, and those who confuse religious symbols with archeological artifacts, and so reject religion on that account, are guilty of reducing

the symbols of faith to historical artifacts. They are engaged in a process of emptying faith of its significance because they turn symbols into signs; for symbols transmit an immediate experience that addresses the soul, whereas signs just point to facts.

Hobson et al. (2017) noted three regulatory functions of the use of symbols in rituals that brings solace. The first is regulating emotions, which can be helped by using symbols and rituals. Rituals and symbols help constrain negative thinking and blocks anxious and intrusive thoughts. According to Hobson et al. symbols and rituals can (a) satisfy the need for order, (b) buffer against feelings of loss of control, (c) restore and sense of personal order in the face of anxious uncertainty, and (d) create a feeling of self-transcendence thus allowing the individual to escape ego-based thoughts and anxieties. Second is the notion of regulating performance. Hobson et al. posited that rituals sharpen attention and heighten focus. Regulating performance can also build and encourage motivation through various physical movements. Additionally, they rituals boost confidence and attach value to related goal contexts. Third is the idea of regulating social connections. Hobson et al. asserted that engaging in rituals with others leads to enhanced mutual attention and cohesiveness. Cohesiveness, in turn, facilitates trust and group loyalty which fosters shared meaning and a sense of unity between people.

For Jung (1939/2014) by using symbols, the natural function of religion restores equilibrium to the restless psyche. In this way, the personality becomes integrated through the reconciliation of opposites in the self. This integration involves an ongoing process of maturity, which encompasses the incorporation of the archetypes from the collective unconscious into consciousness.

Jung (1960) advanced another important function of religion which is relevant to more advanced persons especially towards the end of life. Jung saw religion as a guide for the elderly to regard death as the fulfillment of life's meaning. In this regard, Jung stated:

The consensus gentium that expresses itself through the religions is, as we saw, in sympathy with my paradoxical formula. Hence it would seem to be more in accord with the collective psyche of humanity to regard death as the fulfillment of life's meaning and as its goal in the truest sense, instead of a mere meaningless cessation. Anyone who cherishes a rationalistic opinion on this score has isolated himself psychologically and stands opposed to his own basic human nature. (p. 530)

Bozarth et al. (1985) argued that the implication of this insight for older people, is that they would need religion to facilitate an understanding of the nature of this stage of human development and transformation in their lives. In other words, older people would require the help that religion gives them to achieve the purpose and meaning of their lives as they prepare for the final closure of their lives' significance. Drawing on Jung's (1933/2017) articulation of the trajectory of the older stages of life, Singer (1972) stated:

Thoroughly unprepared, we take the step into the afternoon of life; worse still, we take this step with the false assumption that our truths and ideals will serve us hitherto. But we cannot live the afternoon of life according to the program of life's morning: for what was great in the morning will be little at evening and what in the morning was true will at evening have become a lie. I have given psychological treatment to too many people of advancing years and have looked too often into the secret chambers of their souls, not to be moved by this fundamental truth. (pp. 417-418)

Pope John Paul II (1995 & 1984) commenting on the how “afternoon of life” should be valued; and how the human development and transformation at this stage can help the elderly to achieve purpose and meaning through a spiritual attitude towards the suffering of old age stated:

At the other end of life’s spectrum, men and women find themselves facing the mystery of death. Today, as a result of advances in medicine and in a cultural context frequently closed to the transcendent, the experience of dying is marked by new features. While the prevailing tendency is to value life only to the extent that it brings pleasure and well-being, suffering seems like an unbearable setback, something from which one must be freed at all costs. Death is considered “senseless” if it suddenly interrupts a life still open to a future of new and interesting experiences. But it becomes a “rightful liberation” once life is held to be no longer meaningful because it is filled with pain and inexorably doomed to even greater suffering. (1995, para. 64)

If Singer (1972) recaps that people take the step into the afternoon of life, “thoroughly unprepared,” where the program of life’s morning (pleasure and well-being) cannot fit into the evening of life (considerable pain and suffering), John Paul II (1984) makes the point that the meaning of life cannot be reduced to pleasure and wellbeing; and he pointed to the spiritual greatness of the human person, often discovered in suffering, which surpasses the body, and thus stated:

[In the meaningful spiritual engagement with suffering, the person] discovers a new dimension, as it were, of his entire life and vocation. This discovery is a particular confirmation of the spiritual greatness which in man surpasses the body in a way that is completely beyond compare. When this body is gravely ill, totally incapacitated, and the person is almost incapable of living and acting, all the more do interior maturity and

spiritual greatness become evident, constituting a touching lesson to those who are healthy and normal. (1984, para. 26)

John Paul II (1984) insisted that without union the transcendent, the sufferings and pains of advanced years would appear to be meaningless, and individuals would not be able to respond to the invitation in their suffering to go beyond themselves to get to the next level of transformation that seals the spiritual meaning and significance of their lives where they find solace “through the consoling Spirit” (para. 26). For Jung (1960), this is where the function of religion, through the use of symbols and rituals, guides individuals to the meaning and significance in the evening of life. Hobson et al. (2017) show that symbols and rituals achieve this through a transcendental regulation of emotions, psychological functioning, and relationship with others.

Bozarth et al. (1985) pointed out that a key work with the elderly, here, is one of encouragement (companionship and support), rather than insistence. This is so because the religious function of which Jung (1960) speaks about, refers to personal, private spiritual experiences, which have a unifying purpose based on the premise that life has a meaning and purpose to it. Jung (1959) believed that despite the objection of those who reject religion, and the modern attitude of denial and denigration of religion, men and women are just as naturally religious-seekers as ever they were, for “there is a secret unrest that gnaws at the root of our being” (p. 24), just as St. Augustine of Hippo (398 AD/1963) remarked that our hearts are restless, until they can find rest in God because He (God) has made us for himself. Jung (1935/2015) calls his psycho-analytical understanding of the process through which the individual reaches the unification of the personality, and arrives at the meaning of life and self-realization, the process of individuation.

The Self, Individuation, and R/S

According to Jung (1958/2005) the stability the psyche needs for its health, depends on the harmonizing and integrative process of individuation which gives the personality a balanced expression of the instincts, including the religious function. In a section of his work: *Archetypes and the Collective Unconscious*, Jung (1939/2014) addressed the integration of the religious function with illustrations drawn from practices that lead to the experience of transcendence of life through: ritual practices, mystic experiences, change of consciousness, enlargement of the personality, structural change in the personality, transformation through identification with the transcendent, spiritual exercises, and natural transformation through individuation.

Jung (1935/2015) in his work entitled *Individuation*, addressed the process of individuation, which he characterized as a depth transformation of persons by which they reach authenticity not necessarily in the peak experiences of religiosity, but through a process of self-realization. According to Jung, “Individuation means becoming an ‘in-dividual’ and, in so far as ‘individuality’ embraces our innermost, last, and incomparable uniqueness, it also implies becoming one’s own self . . . ‘coming to selfhood’ or ‘self-realization’” (p. 173). Corey (2017) identified the process through which individuation takes place as the “harmonious integration of the conscious and unconscious aspects of personality” (p. 78). Hermans (1993) indicated that the process of individuation involves what he described as “the moving opposites” (i.e., the polarities of the personality) moving towards the unification and balancing of their dual dimensions in a dialectical manner (p. 437).

According to Jung (1954) the process of individuation is realized through the agency of the central archetype called the “self,” which is responsible for the balancing and unifying activities of the personality. For Jung (1959), archetypes are inherited, pre-existent, universal

unconscious forms of primordial concepts or images which become conscious secondarily “to give definite form to certain psychic content” (para. 89-90). Some of the main archetypes in Jung’s analytical psychology include: the shadow, the persona, the animus, the anima, the collective unconscious, the personal unconscious, the ego, and the self. According to Jung (1959), the archetypes function as models of how we organize the things of our experience, thereby influencing human behavior, or they can be perceived as “patterns of instinctual behavior” (para. 91).

In Jung’s (1954) theory of individuation, the self (the central archetype) which denotes the striving for unity in the personality, is regarded as the major model or pattern around which the rest of the personality structure is organized in the process of individuation. The Jungian self as Jung (1979) depicts it, is unique for at least two reasons. First, the Jungian self is unlike the self in Freudian psychoanalysis, where the self is described as a by-product of ego development. In analytical psychology, Jung (1979) presents the self as preceding the ego which develops from it (pp. 23-24). Secondly, the Jungian self (Jung, 1951/2014) is different from the popular understanding and use of the term, self.

By Self, Jung (1951/2014) signifies the God within and the transpersonal realm within personal life (pp. 222-223). Jung (1951/2014) believed that the self can never be fully known because of our limited human capacity to embrace it, for the self has resemblance to the divine as stated in the following passage:

One cannot help being reminded, in reading this text, of the Indian idea of the Self as Brahman and Atman, for instance in the Kena Upanishad: “By whom willed and directed does the mind fly forth? By whom commanded does the first breath move? Who sends forth the speech we utter here? What god is it that stirs the eye and ear? The hearing of

the ear, the thinking of the mind, the speaking of the speech . . . That which speech cannot express, by which speech is expressed . . . which the mind cannot think, by which the mind thinks, know that as Brahman. Yajnyavalkya defines it in indirect form in the Brihadaranyaka Upanishad: He who dwells in all beings, yet is apart from all beings, whom no beings know, whose body is all beings, who controls all beings from within, he is your Self, the inner controller, the immortal. . . . There is no other seer but he, no other hearer but he, no other perceiver but he, no other knower but he. He is your Self, the inner controller, the immortal. (pp. 222-223)

Jung (1951/2014) affirmed that the idea of the self resembles the concept of self in Hindu literature where it corresponds to Brahman and Atman, and where it functions as the principle that dwells within people directing their minds and thoughts and controlling them from within.

Drawing on Jung's (1953) insights, Sollars (2014) opined that the Self, as the central archetype, is the organizing center of the many elements in the personality which include the psychic structure, the developmental processes, and affective experiences, and "directs the personality toward self-realization" (p. 41). In Jung's (1951/2014) psychological system, the self is the archetype of our transcendental postulations, and like all the other archetypes, possesses a paradoxical and antinomian character, in the sense that the self harbors within itself antithetical poles (e.g., the *shadow* as well as the *persona*). From this perspective, Jung (1951/2013) linked the self with the experience of overpowering antithetical feelings and concluded that the self is the embodiment of the totality of body and mind and represented the image of God in the individual.

Jung (1951/2014) noted that most people do not have sufficient range of consciousness to become aware of the opposite polarities in human nature, and the tensions these divergences

generate remain mostly in the unconscious and make their appearance in dreams. Using many illustrations from mythologies and legends, Jung (1951/2014) postulated that when these unconscious tensions are not integrated into the conscious mind, there occurs an ever-widening split between the conscious and the unconscious mind with the danger of destabilizing the person. Individuation is the concept that Jung (1935/2015) hypothesized as the process that reduces the antithetical tensions in the psyche, bridges the gap between the conscious and the unconscious, the personal and the collective, the psychic and the somatic, life and death, the divine and the human dimensions of the personality, and moves the individual more authentically towards the self. Commenting on this process, Schmidt (2005) opined that individuation synthesizes the opposite polarities of the psyche and drives individuals to self-actualization in their journey through life.

Schmidt (2005) held that while Jung's use of the idea of Self describes who we are, his (Jung's) concept of individuation describes how we get there through "the process of self-realization, the discovery and experience of meaning and purpose in life" (p. 596). According to Jung (1951/2013) in this process, the self guides an ordered integration of the fragmentary elements of the archetypes into greater and closer configuration with the totality of the personality. From this perspective, Rosselli and Vanni (2014) extrapolated that "the archetype of the self, expresses human wholeness. Drawing from the insights of Jung (1951/2013), Rosselli and Vanni (2014) indicated that the archetype of the self is symbolically represented by the mandala and other symbols of totality — "being both the circle and the center, the union of opposites, most generally the union of consciousness and the unconscious" (p. 8).

Jung (1966) reminded his readers that the process of individuation comes at a cost when he stated: "The aim of individuation is nothing less than to divest the self of the false wrappings

of the persona on the one hand, and the suggestive power of primordial images on the other” (p. 174). At the personal level, Jung (1966) cited some instances of the psychology of the persona in the following examples:

Everyone knows what is meant by “putting on official airs” or “playing a social role.”

Through the persona a man tries to appear as this or that, or hides behind a mask, or he may build up a definite persona, as a barricade. (p. 174)

This individual idea of the persona, as Jung (1966) further remarked, “should present no great intellectual difficulties” (para. 245). However, Jung (1966) pointed out the individual persona is a segment of the collective psyche, and “only a mask of the collective psyche” (para. 245).

Jung (1966) explained that at the collective level of the psyche within the wider society, the false wrappings of the persona are more subtle processes, and they take on the character of “an impersonal relations to the world” (para. 285). In *Modern Man in Search of a Soul*, Jung (1933/2017) suggested that a collective example of the false wrappings of the self can be found in the over-reliance of modern humans on science, technology and logic to the neglect of R/S in the fabric of human development. Jung (1933/2017) cautioned humanity about this lopsided development while indicating that humanity stands to gain by integrating spirituality and an appreciation of the unconscious realm into the project of human development. Stevens (2005) received Jung’s (1933/2017) caution with an observation of his own, signaling the travails of contemporary civilization that has botched the integration of morality and spirituality into its trajectory. Stevens (2005) stated:

The plight of our civilization, accurately diagnosed by Jung in *Modern Man in Search of a Soul*, is here presented as a specifically individual struggle for moral and spiritual

integrity against the “mass psychology” generated by political fanaticism, scientific materialism and technological triumphalism on a global scale. Ultimately, this is a religious as much as a psychological problem, which is not solved by passive adoption of some established creed, but by opening oneself up to the “religious instinctive attitude” and inner symbolic vitality possessed by each and every one of us by virtue of our humanity. (p. i)

The social teachings of the Church share similar concerns. In his encyclical, *Sollicitudo Rei Socialis*, Pope John Paul II (1987) adds another perspective to the discussion about the spiritual and religious dimension of human development, which he calls a vocation of the human person in God’s plan. Pope John Paul II stated, “Development which is not only economic must be measured and oriented according to the reality and vocation of man seen in his totality, namely, according to his interior dimension” (parap. 29).

Jung (1935/2015), who considered R/S integration through the individuation process as a major project especially in the second half of life, envisaged it as a harmonizing process of growth which balances lopsidedness in human development. Jung’s idea of individuation addresses therapists who work to integrate R/S into therapy. According to Evans (1967) R/S integration is a task that presupposes self-responsibility on the part of the individual, because it demands “the ultimate growth and fulfillment of the individual into a total spiritual being” (p. 58). Jung (1958/2005) recognized the role religion plays in the process of maturation and in the quest for meaning and purpose in life. Elsewhere, Jung (1942a) acknowledged the heroic nature of the task involved in addressing spiritual and moral struggles and in facing the negative (or shadow) aspects of personality; and he encouraged people to confront them instead of turning away from them. Matthew (1995) captured the heights and depths of that spiritual struggle in the

mystical vocation of those who welcomed the “healing darkness” of the Dark Night of the soul in heroic ways (p. 56).

Jung (1942/2014) similarly confessed that:

Individuation is a heroic and often tragic task, the most difficult of all, it involves suffering, a passion of the ego: the ordinary empirical man we once were, is burdened with the fate of losing himself in a greater dimension and being robbed of his fancied freedom of will. He suffers, so to speak, from the violence done to him by the Self. (para. 233)

The literature shows that the shadow which may seem to be our foe, could really become a friend because we learn from it what we lack, and what we need to bring to a balance. Jung (1958/2005) suggested that “What our age thinks of as shadow and inferior part of the psyche contains more than something merely negative” (p. 75). Thus, we learn from Jung’s writings, experience, study of religions and religious practices, and clinical practice that for the personality to function properly, it must learn to engage in the management of balancing, integrating, and harmonizing the dual aspects in each person in a process he designated as individuation which reaches the spiritual depths of the person.

R/S and Human Development

In the debate about what directs the development of human personality, Lock and Palsson (2016) set the age-old nature-nurture dispute in the context of (a) the influence of genes and heredity on human behavior and development (nature), versus (b) the impact of the environment and social learning on human behavior and development (nurture). Galton (1874) considered both nature and nurture as responsible for human personality development, which he described as being “composed of innumerable elements” (p. 12). Adler (1954) advanced a proactive view

of human development. According to Watts and Carlson (2013), Adler (1954) postulated a creative self that proactively uses the givens of both environment and heredity to construct its unique style of life. Watts and Carlson (2013) echoed Adler's position on this issue of heredity and environment, when they explicitly offered Adler's own declaration in these words:

Do not forget the most important fact that not heredity and not environment are determining factors. Both are giving only the frame and the influences which are answered by the individual in regard to his styled creative power (p. xxiv) . . . The individual is both the picture and the artist. He is the artist of his own personality. (p. 2)

For Adler (1932/2010), holistic human development also demands the inclusion of religion among the “innumerable elements of which personality is composed” (Galton, 1874, p. 12), for the kind of development that could be described as truly human. Pope Paul VI (1967) stated: “To be authentic it [human development] must be well rounded; it must foster the development of each man and of the whole man” (para. 14). Walborn (2014) pointed out that “there is a core tendency for all people to appreciate, experience, accept, and express a spiritual dimension” (p. 348).

While Jung (1939/2014) highlighted the integration of R/S for the stability of personality, Adler (1933/1979) emphasized the role of R/S in the dynamic development of the human person, whose greatest ideal, advancement, and goal is “to strive towards God, to be in Him, to follow His call, to be one with Him” (p. 275). Pope Paul VI (1967) in his encyclical *Populorum Progressio*, stated:

In the design of God, every man is called upon to develop and fulfill himself, for every life is a vocation. At birth, everyone is granted, in germ, a set of aptitudes and qualities for him to bring to fruition. Their coming to maturity, which will be the result of

education received from the environment and personal efforts, will allow each man to direct himself toward the destiny intended for him by his Creator Thus, it is that human fulfillment constitutes, as it were, a summary of our duties. But there is much more: this harmonious enrichment of nature by personal and responsible effort is ordered to a further perfection. By reason of his union with Christ, the source of life, man attains to a new fulfillment of himself, to a transcendent humanism which gives him his greatest perfection: this is the highest goal of personal development. (para. 15-16)

Adler (1933/1979) placed the ideal of human development in the context of striving toward God. According to him, “One concretization of the idea of perfection, the highest image of greatness and superiority, which has always been very natural for man’s thinking and feeling, is the contemplation of a deity” (p. 275). Hall (1971) hinted at the process by which the concretization of perfection gets realized when he stated, “In Adler’s conception of God, man is to find a means of uplift to counter the natural feeling of the lowliness and transitoriness of existence here below” (p. 11). Adler (1932/2010) regarded human development as involving developing certain basic human aptitudes that enable individuals to respond to the human purpose and the aims of mankind. These purposes and aims, according to Adler (1932/2010) are work, social interest, and love; and it is in the process of developing the requisite aptitudes for tackling the questions that these tasks raise (i.e., coping with the questions and problems of existence) that the person attains human development. Adler (1932/2010) further stated:

These three ties, therefore, set three problems: how to find occupation which will enable us to survive under the limitations set by the nature of the earth; how to find a position among our fellows, so that we may cooperate and share the benefits of cooperation; how to accommodate ourselves to the fact that we live in two sexes and that the continuance

and furtherance of mankind depends upon our love-life. Individual Psychology has found no problems in life which cannot be grouped under these three main problems. (p. 7)

In fashioning a theory of human development that encompasses these great purposes and aims (tasks and duties) that shape the development of the person, Adler (1932/2010) did not see any reason to exclude religion like his colleague, Freud (1927/1964) had done. In contrast, Adler's holistic view of the individual (the whole person) included bio-physiological processes, psychological growth, social interest, family/community bonds, and religious development.

In this way, Adler (1913/1956) typified a shift from a reductionistic and materialistic view of the person toward a more holistic paradigm of science and spirit. He not only did not reject religion and God in his psychology but integrated them into the framework of his *Individual Psychology*, for offering positive meaning to his patients, in sharp contrast to Freud's (1927/1964) view of religion as a group neurosis, and an illusion. Adler (1932/2010) addressed his psychology to discovering meaning and purpose in the three primary domains of human striving or common tasks or "ties" of life he had identified — in work, social interest, and love as he clarified in the following statements:

Every human being has three main ties; and it is of these ties that he must take account.

They make up reality for him. All the problems which confront him are in the direction of these ties. He must always answer these problems because they are always questioning him; and the answers will show us his individual conception of the meaning of life. The first of these ties [is]. . . we must work to find a solution . . . The second tie [is that man] is always tied to other men; and he is tied because of his own weaknesses and insufficiencies and limits . . . The greatest step for his own welfare and for the welfare of mankind is association . . . There is a third tie in which we are bound. Human beings are

living in two sexes. The preservation of the individual and of common life must take account of this fact. The problem of love and marriage belongs to this third tie. (pp. 5-6)

In the pursuit of the three tasks in life, Adler (1913/1956) represented the basic and initial tendency in human development as a striving for significance. In classical Adlerian theory, the notion of striving expresses the fundamental dynamic human thrust and unceasing movement from a felt minus to an imagined plus (Stein, 1996). Adler (1913/1956) held that the process of striving towards holistic and integrated human development begins as a movement in purposive compensatory endeavor to move from lower levels of significance to higher levels of significance. According to Adler (1927) what drives this movement towards significance is our perceived inferiority feelings. (i.e., the awareness of our weaknesses or deficits), as expressed in the following passage:

One can realize that at the commencement of every life, there must be a more or less deep feeling of inferiority. This arises in the weakness and helplessness of children who are at all conscious of their inability to cope single-handed with the problems of existence. This feeling of inferiority is the driving force, the starting point, from which every childish striving originates . . . It is the feeling of inferiority, of inadequacy, of insecurity which determines the goal of an individual's existence. The tendency to push into prominence, to attract the attention of parents, makes itself felt in the first days of life. These are the first indications of the awakening striving for recognition which develops itself under the concomitant influence of the feeling of inferiority, and purposes a goal in which the individual is seemingly dominating his surroundings. (pp. 1881-1882)

Adler (1913/1956) described one's striving for significance as a movement towards fulfillment. Adler stated, "We all wish to overcome difficulties . . . to reach a goal by the

attainment of which we shall feel strong, superior, and complete” (p.104). Later, in the development of his theory, Adler (1932/2010) designated this striving as a striving for perfection and compared it to a striving to be God-like.

From this perspective, striving for perfection becomes a movement that goes from the present state of the ego (a felt minus) to a positive future goal of perfection (*an imagined plus*).

Adler (1932/2010) held that ideally with a healthy mentality, the awareness of *inferiority feelings* or the consciousness of weaknesses and deficits should shift from being merely a compensatory mechanism to becoming a positive force or trait. According to Adler that movement propels positive and constructive change in the individual towards higher levels of perfection. The story of St. Therese of the Child Jesus, (Gorres, 1959/2003) who went from being too sensitive to imperfections to becoming a great Saint through the heroic practice of love (i.e., through the imitation of Divine Love), is a case in point, in this regard. For Adler (1933/1979) God functions as the guiding principle towards the perfection of becoming one’s most perfect self. Adler (1933/1979) declared that “God, who is eternally complete, who elevates man from his lowliness to Himself, [and] who speaks from the cosmos to every single human soul, is to date the most brilliant manifestation of the goal of perfection” (p. 275).

Adler (1938/2011) by positing his Adlerian principle of *gemeinschaftsgefühl* (which is translated in English as “social interest” or more exactly as community feeling or love of neighbor), captures what makes the difference between being too sensitive to imperfections and rising to the heroic practice of love (p. 34). For, Adler (1938/2011), striving to become one’s best self is not an end-in-itself, it is for a purpose which he identified as contributing to the good of the society or community through work, community feeling, and love. In a publication, Adler

(1956) explained social interest in empathic neighborly terms, as he demonstrated in the following passage:

By social interest or social feeling, we understand something different from that which other authors understand. When we say it is a feeling, we are certainly justified in doing so. But it is more than a feeling; it is an evaluative attitude toward life . . . We are not in a position to define it unequivocally, but we have found in an English author a phrase which clearly expresses what we could contribute to an explanation: “To see with the eyes of another, to hear with the ears of another, to feel with the heart of another.” (p. 135)

For Adler (1956), working (i.e., striving) with this idea of social interest is what turns striving from being a self-centered exercise to becoming that which elevates the person towards the goal of perfection in the community context or for the “common good” or the good of humanity. In this way, Adler’s (1932/2010) *striving* (which is the thrust of his theory of human development), directed by social interest, as reflected in the passage above, enters the realm of positive social psychology and spirituality. In their development, individuals become their best selves when their *striving* serves the development of the community as well, for without love, even our most brilliant achievements count as nothing, as St. Therese of the Child Jesus, would put it. (St. Therese of Lisieux, 1898/1996).

Hall (1971) suggested that Adler’s view of God as “a synthesis of Being and Value” and as “a being that is to be imitated by man whereby man strives for an *imitatio dei*,” offers a unique blend of “pragmatic outlook” (i.e., practical attitude) and “metaphysical foundation” for man’s striving toward perfection (p. 10). It was practical because religion plays the practical role

of helping to build social interest and communal life in the society as Adler (1932/2010) attested to in the following passage:

The most important task imposed by religion has always been “Love thy neighbor.” Here again, in another form, we have the same striving to increase interest in our fellow men. It is interesting, too, that now from a scientific standpoint we can confirm the value of this striving. (p. 253)

Adler (1932/2010) reasoned from a practical point of view that, on the one hand, “It is the individual who is not interested in his fellow men who has the greatest difficulties in life and provides the greatest injuries to others” (p. 253). But on the other hand, according to Adler’s (1932/2010) perspective, religion which insists on the importance of love, “love thy neighbor,” assists people to grow from being self-focused to becoming other-focused (p. 253). For Hall (1971), the practicality of Adler’s (1933/1964) view of God and religion lies in the fact that they are descriptive of the process and the direction of change and development towards perfection, “to which man is drawn by way of enhancing his activity and his feelings,” for, God, is presented as a “*telos*,” (i.e., an end that is perfect) and religion is proposed as striving towards this end or perfection “*imitatio dei*” (p. 10). Hall (1971) further specified that the practical purpose of Adler’s conception of God is “to help further his [Adler’s] ideal of community, which is always unattainable, but always beckoning and pointing the way” (p. 11).

Hall (1971) also described the profound dimension of the use of this conception of God when he alluded to the depths from which humanity is uplifted (lowliness, inferiority feelings and transitoriness) and the heights, (i.e., the goal), to which the ideal community of mankind, aspires to reach — “the ultimate fulfillment of societal evolution” (p. 12). Hall (1971) suggested that Adler (1933/1964) envisioned the integration of religion in the human project as a move

towards the depth dimensions of the person, where there is a recognition that the realization of the greatness of the individual and the human society lies in the commitment to strive for the perfection, which is pursued as a future goal, while it enhances and heightens motivation in the present for improvement. Adler (1933/1964) articulated this sentiment when he stated:

The idea of God and its immense significance for mankind can be understood and appreciated from the viewpoint of Individual Psychology as concretization and interpretation of the human recognition of greatness and perfection, and as commitment of the individual as well as the society to a goal which rests in man's future and which in the present heightens the driving force by enhancing the feelings and emotions. (p. 276)

For Adler (1932/2010), religion's inner transformative quality is significant for the self-realization of human beings. The social conception of God, comprehended as the idea of God in His immense significance for mankind, is understood by Adler (1933/1964) as present in the human striving for perfection and intrinsic to the depth dimension of human nature. Thus, for Adler (1933/1964) religion sets human beings on the path to strive to be God-like; and this is what makes for optimal human development — the highest development possible for human beings. Adler (1932/2010) likened the endeavor to be *God-like* (i.e., the ideal of spiritual perfection in religion) to the project of *striving* in his *Individual Psychology of Alfred Adler*, and stated: "Individual Psychology arrives at the same conclusion in a scientific way and proposes a scientific technique" (p. 12).

Reflecting on the significance of religion regarding this theme about the good of humanity, Adler (1938/2011) wrote: "The best conception hitherto gained for the elevation of humanity is the idea of God" (p. 158). For Adler, the idea of God is not a passive concept at all. To know and understand God is to be involved in the dynamism of love that impels towards the

perfection of love. From a Judeo-Christian perspective, this becomes understandable, where God is understood in terms of love: “God is love” writes St. John the Evangelist (1 John. 4: 16 NAB); and the apex of perfection is understood in terms of the heroic love of God and love of neighbor; where the entire Scriptures and the Law are summed up and emphasized as the love of God and love of neighbor (Matthew, 22: 36-40 NAB).

Thus, Adler’s (1938/2011) thoughts reflect the Johannine text that says: “Everyone who loves is begotten by God and knows God . . . for God is love” (1 John, 4:7-8 NAB), especially in the light of other declarations. One such declaration is that : “There can be no question that the idea of God really includes within it as a goal the movement towards perfection, and that, as a concrete goal, it best corresponds to the obscure yearning of human beings to reach perfection” (Jahn & Adler, 1933/1979, p. 33). Accordingly, Adler (1932/2010) observed that religion remained one of the greatest movements that steered human striving (in love, social interest, and work) towards the goal of the perfection of love. As such Adler (1932/2010) contended that,

There have always been men [people] who understood this fact, who knew that the meaning of life was to be interested in the whole of mankind, and who tried to develop social interest [*gemeinschaftsgefühl*] and love. In all religions, we find this concern for the salvation of man [humankind]. In all the great movements of the world, men [people] have been striving to increase social interest, and religion is one of the greatest strivings in this way [in the direction towards the perfection of love]. (p. 11).

Adler held that through the practice of love enshrined in all religions people could gain their freedom from self-imposed prisons (of inferiority and superiority complexes) and strive to be God-like in love. Stein and Edwards (1998) held that Adler’s ‘*gemeinschaftsgefühl*’g or love of neighbor or community feeling was not just part of his individual psychology, but the central

concept of his psychology and even its ultimate objective for the optimal development of the human person (pp. 65-68).

And so, from Adler (1932/2010), the lesson is clear that human growth and development is premised on the kind of striving in the three great domains of human endeavor that leads to the perfection of love: in a loving way of being, in an inclusive way of understanding that esteems community; and in a creative way of working that benefits humanity. Jahn and Adler (1933/1979) explained that religion is in the vanguard of this quest. One principle for the aptness of a spiritual or religious trajectory in therapy for counselors, from a Judeo-Christian perspective, that can be discerned from their writings is that the client's religion/spirituality leads them to growth and development towards the perfection of love (in neighborly love, social interest, and in work).

Both Adler (1933/1979) and Jung (1935/2015) agree regarding what constitutes optimal human development, i.e., engaging in the process of the development of the most authentic individuality in each person. For Adler, this is achieved through striving for perfection. For Jung this is arrived at through the process of individuation. Both processes are animated by the personal and spiritual dimension within each person in a manner in which the spirit is actualized commonly in the world, corresponding roughly to a way of being, a way of understanding, and a way of acting. Yet this takes place in a form that is totally unique, and in a fashion that transcends the merely cultural, social, and psychological "givens" of the human species (Farah, 2013).

R/S, Maslow, Self-Actualization, and Self-Transcendence

Maslow (1943) envisioned the trajectory of human growth, development, and self-actualization as a progressive development of a movement through a successful negotiation and satisfaction of a hierarchy of needs. These needs ranged from very basic physical and

physiological ones to higher and more value-based needs. Maslow (as cited in Walborn, 2014), deemed the lower ones as deficit needs, (D-needs: physiological, safety, love, esteem needs); the higher ones as growth-needs (G-needs: cognitive, aesthetic, self-actualization, and self-transcendence needs) i.e., those needs that promote more advanced human growth and development; and B-needs (Being-needs: the needs of self-actualizers) (pp. 261-262). Maslow (1943) postulated in his motivational theory that peak-experiences were at the highest level of the hierarchy of human needs. In that theory of motivation, Maslow asserted that self-actualization was at the top of the motivation which inspires individuals to fulfill their potential in life. Later, Maslow (1969) added self-transcendence as the apex of his motivational theory and the highest form of human development. According to Maslow (1969), the fully developed person tends to reach beyond himself; and so, he asserted that:

The fully developed (and very fortunate) human being working under the best conditions tends to be motivated by values which transcend his self. They are not selfish anymore in the old sense of that term, (but other-centered). Beauty is not within one's skin nor is justice or order. One can hardly class these desires as selfish in the sense that my desire for food might be. My satisfaction with achieving or allowing justice is not within my own skin . . . It is equally outside and inside: therefore, it has transcended the geographical limitations of the self. Thus, one begins to talk about transhumanistic psychology. (pp. 3-4)

In *Religions, Values and Peak Experiences*, Maslow (1964a) addressed the theme of the highest possible development for human beings in the context of its relationship to religion and peak experiences. Maslow (1964a) signaled that he was thoroughly convinced that human nature is elevated and transcendent; and that this is part of who human beings are in their essence; even

though they may have gone through a process of biological evolution (pp. 30-44). In the same text, Maslow (1964a) stated: “Not having core religious experiences may be a lower, lesser state, a state in which we are not fully functioning, not at our best, not fully human, not sufficiently integrated” (p. 42). Reinforcing these statements about the upward progression of human growth toward self-transcendence, Maslow (1964a) added: “When we are well and healthy and adequately fulfilling the concept of ‘human being,’ then experiences of transcendence should in principle be commonplace” (p. 42).

This increasing self-transcendent character of growth-needs re-echoes Stein’s (1996) comment on Adler’s concept of striving: that it is going from a present state of ego deficit (a felt minus) to a positive future goal of attaining a God-like perfection (an imagined plus); and another remark by Adler (1932/2010) characterized social interest or community feeling, as going beyond self-interest to care for others. In this regard, Baston and Stocks (2004) have also noted that, some individuals have even gone beyond self-actualization as a relevant motivation especially in religion, for “religion can function to challenge the individual to transcend all these needs through subjugation of oneself and one’s personal needs to a higher purpose or cause” (p. 142). Such persons reach the top of Maslow’s new hierarchy of motives with a strong drive toward self-transcendence (Maslow, 1970b). In an unpublished paper, Maslow (1996) contended that such individuals seek a benefit beyond the purely personal, and seek communion with the transcendent, perhaps through mystical or transpersonal experiences; they come to identify with something greater than the purely individual self, often engaging in services to others. Maslow (1996) argued that “the good of other people must be invoked” to explain the motivation of such individuals (p. 31).

Having regard for the growth process that leads to self-actualization and self-transcendence, Maslow (1954/1970) pointed out that: “Not only is it good to survive, but it is also good (preferred, chosen, good-for-the-organism) for the person to grow toward full humanness, toward the actualization of his potentialities, toward greater happiness, serenity, peak experiences, [and] toward transcendence” (p. 104). While people naturally have need to exist, and to subsist, they may not forget to continue to grow up and to develop themselves, for, human nature demands a movement towards wholeness, towards fullness, and towards reaching out to others (Maslow, 1954/1970).

In his work, *Motivation and Personality*, Maslow (1954/1970) signaled the need for a new approach to the psychology of mental health from the perspective of holistic growth towards higher levels of human development, when he stated:

Any thorough study of the aims and goals of therapy must expose very quickly the inadequate development in the current personality theory, call into question the basic scientific orthodoxy that values have no place in science, lay bare the limitations of medical notions of health, disease, therapy, and cure, and reveal clearly that our culture still lacks a usable value system. (p. 242)

Maslow (1954/1970) implied that there needs to be a new approach in the way psychotherapy is practiced and taught, that helps individual “to think differently,” to “learn differently,” to change their motives and emotion, to use the “best technique we have ever had for laying bare men’s deepest nature as contrasted with their surface personalities” (p. 241). Maslow was convinced that to achieve the transformation of personal, interpersonal, and societal relations and to accomplish profound character and personality changes, there needed to be a shift in the contemporary understanding of the aims and methods of psychotherapy, and stated:

Our understanding of the aims of psychotherapy (and of education, of child rearing, of the formation of the good character in general) must shift considerably. To many, it still means the acquisition of a set of inhibitions and control of the intrinsic impulses.

Discipline, control, suppression are the watchwords of such a regime. (p. 103)

Maslow (1954/1970) indicated the need in psychotherapy, to go beyond a science of psychopathology and promote human development “by self-actualization, individuation, or growth” (p. 242). Decades later, Lake and Turner (2017) pointed out a similar need for therapeutic methods that are more integrative than the current and dominant methods of managing mental illness, when they stated:

Currently available conventional biomedical treatments, CAM (complementary and alternative methods) treatments, and the dominant model of care used in the US and other world regions fail to adequately address the complex biological, social, cultural, and spiritual dimensions of mental illness. These circumstances define an urgent agenda for broadening the current paradigm of mental health care to include evidence-based integrative treatments incorporating conventional and CAM modalities and implementing a collaborative care model on a large scale in primary care settings aimed at wellness, prevention, and treatment of specific psychiatric disorders. Accumulating research evidence supports that lifestyle modifications including change in diet and exercise, mindfulness meditation and mind-body practices, . . . can be safely combined with pharmacologic and psychotherapeutic interventions and can easily be incorporated into mainstream mental health models of care. (p. 22)

The shift in paradigm in psychotherapy that Maslow (1954/1970) advocated is captured by the humanistic approach to therapy with emphasis on working to help individuals to become

“the fully functioning person” (Corey, 2017, p. 169). Walborn (2014) characterized Maslow’s (1968) paradigm as moving from “deficit needs” to “growth needs” and working to help individuals to gain self-actualization and self-transcendence through appropriate values and motivation in negotiating the various stages of human development with its hierarchy of needs and motives (pp. 262-263). In the development of this paradigm Maslow (1954/1970) studied self-actualizing people “selected from among personal acquaintances and friends, and from among public and historical figures” and discovered that self-actualizing people “have developed or are developing to the full stature of which they are capable” (p. 150).

Later, Maslow’s (1968) work and interest in the highest form of human development led him to study the motivational patterns and process in the human growth of those individuals who were deemed to have reached the apex of human development, among whom were mystics, prophets and seers. Maslow (1971) reported the difference he found between *non peakers* (i.e., self-actualizers who are healthy but with little or no experience of transcending) and *peakers* (i.e., those for whom self-transcending experience is important and crucial in their lives). Summarizing the difference that Maslow (1971) found between these two groups Louca et al. (2021) stated:

People of the first type live for the here and now and the immediate needs, they are more “doers” rather than meditators and contemplators. The *transcenders* (or *peakers*) are living at the level of being (of becoming, of growing), of ends, of intrinsic values, they have peak experiences with illuminations or insights or cognitions which changed their view of the world and themselves. (pp. 270-271)

Maslow’s (1971) portrayal of self-actualizing transcenders showed the level of development that human beings are capable of attaining given the right dispositions and

motivation. The self-transcending trajectory is characterized by a more holistic outlook about the world. Transcenders operate at a deeper level of being than do the healthy or practical self-actualizers, as shown in some of Maslow's descriptions below:

- For the transcenders, peak experiences and plateau experiences become the most important things in their lives.
- They (the transcenders) speak easily, normally, naturally and unconsciously the language of Being.
- They perceive integrally and spiritually (i.e., the sacred within the secular), or they see the sacredness in all things at the same time that they also see them at the practical, everyday D-Level.
- They are much more consciously and deliberately meta-motivated. That is, the values of Being, or Being itself seen both as fact and value, e.g., perfection, truth, beauty, goodness, unity, dichotomy-transcendence, B-amusement, etc. are their main or most important motivations.
- They are more responsive to beauty. . . . They are more holistic about the world than are the healthy or practical self-actualizer.
- Overlapping this statement of holistic perceiving is a strengthening of the self-actualizer's natural tendency to synergy – intrapsychic, interpersonal, intra-culturally and internationally.
- There is more and easier transcendence of the ego, the self, the identity.
- They are also more awe-inspiring, more unearthly, more godlike, more saintly in the medieval sense, more easily revered, more terrible in the older sense.
- The transcenders are far more apt to be innovators . . . Transcendent experiences and

illuminations bring clearer vision of the B-Values, of the ideal, of the perfect, of what ought to be.

- They can be more ecstatic, more rapturous, and experience greater heights of happiness . . . than the happy and healthy ones. But I sometimes get the impression that they are as prone and maybe more prone to a kind of cosmic-sadness or B-sadness over the stupidity of people, their self-defeat, their blindness, their cruelty to each other, their shortsightedness.
- [For them] Mystery is attractive and challenging rather than frightening. More “reconciled with evil” in the sense of understanding its occasional inevitability and necessity in the larger holistic sense, i.e., “from above,” in a godlike or Olympian sense. Since this implies a better understanding of it, it should generate both a greater compassion with it and a less ambivalent and more unyielding fight against it.
- More apt to regard themselves as carriers of talent, instruments of the transpersonal, temporary custodians so to speak of a greater intelligence or skill or leadership or efficiency.
- More apt to be profoundly “religious” or “spiritual” in either theistic or nontheistic sense.
- More “Taoistic” [contemplative], more whole-hearted total and unconflicted in love than the more usual mixture of love and hate that passes for “love” or friendship . . .
- More aware who they are (identity); more aware of where they are going; more aware of what they want; more aware of what they are good for . . . using themselves well and authentically and in accordance with their own true nature. (pp. 281- 283)

Maslow (1964) argued that transcendence or “core-religious experiences” are made possible by the discovery of the “truth about the world, the cosmos, ethics, God, and his (i.e., the

prophet's) own identity within, from his own personal experiences, from what he would consider to be a revelation" (p. 20). Baston and Stocks (2004) further qualified the core-religious experience to include "a sense of wholeness and integration both within oneself and with one's world, a sense of effortless and creative involvement in the here and now" (p. 148).

For Maslow (1964/1970), the fundamental meanings of religion were elaborated from these transcendent experiences, supernatural revelations, and illuminations of the mystics. From these studies (of mystics, prophets and seers) Maslow (1964) held the hypothesis that religion arose or evolved from the peak experiences or moments of mysticism regarding concerns about the issues that are ever deeply rooted in man's existential dilemma. According to Maslow (1964) in that experience "the peaker learns surely and certainly that life can be worthwhile, that it can be beautiful and valuable" (p. 75).

Primeaux and Vega (2002), have signaled Maslow's warning and repudiation of "simplistic definitions of religion and religious experience," in the light of the contemporary attitude that identifies religion simply with structures and institutions, and defines spirituality and religious experience as merely subjective, strange and exotic beliefs and experiences (p. 100). In contrast, Maslow (1964/1970) presented religion as something that is found in daily living and growth and also "in one's neighbors, friends, and family, and in one's back yard" (p. x). According to Primeaux and Vega (2002), Maslow (1964/1970) directs our attention to become aware, and to value how everything is miraculous; how the sacred is in the ordinary; and how religion and our experience of the world are both compatible and integrable. Maslow's (1964/1970) findings about the peak experiences of mystics and seers made him to consider the role of religious experience in human development.

In appraising the highest forms of human development, Maslow (1964/1970) affirmed that these peak experiences should be open to all to experience and can be experienced by virtually anyone (pp. 19-29). Maslow (1969) indicated the gains of this possibility in these words:

When you open the door to value and to value experiences and peak or transcendent experiences, a whole new level of possibilities is open to investigation. You find that the reports from people who have had peak-experiences frequently parallel the reports of the great mystics . . . about unitive consciousness. Thus, we are using techniques for selecting the most fully developed, the most fully human persons we can find and suggesting that these people are what the whole human species can be like if you just let them grow, if the conditions are good and you get out of their way. (p. 3)

Maslow (1964/1970) associated these peak experiences with the highest functioning and development of the human personality in self-transcendent “B-values” [i.e., Being Values], where the person is not just striving to meet or satisfy deficit needs, or regressing to safety levels, but progressing, through “free growth choices” toward self-actualization and the deepest and highest levels of creativity and mystic experience (pp. 91-102).

Maslow (1964) concluded that transcendents have these qualities because they are neither afraid of peak-experiences nor terrified of asking existential questions. Maslow disclosed that transcendents ask questions about themselves, about where they are going, about what they want, about the meaning and the mysteries of life and existence. According to Maslow, these are the kind of questions that religion is concerned with; including the question of a “good death,” which science had never considered as a scientific problem (p. 491). Maslow’s asserted conviction is that existential and humanistic psychologists would consider a person sick or abnormal in an

existential way if he were not concerned with these religious questions. Maslow repudiated scientists who threw out religious questions from their investigations because they did not value the religious answers found in religious institutions.

Baston and Stocks (2004) reflected on Maslow's (1970) *Motivation and Personality*, and on the existential questions that arise from motivational needs and identified the search for meaning to those existential questions as the core psychological function of religion. Baston and Stocks (2004) surmised that religion can provide people the answer that leads them away from despair, as was the case with Tolstoy. Baston and Stocks stated:

Even after we know, we are impelled to know more and more . . . it is often experienced as a passionate drive, a desperate longing for meaning and purpose, . . . sharp and pressing existential questions arise from the clash between the desire to know and understand, and two key characteristics of the human predicament — awareness of our individual existence and awareness of our mortality. These questions pushed Tolstoy to the brink of suicide . . . Religion provided the answers that eventually led Tolstoy away from the abyss. (p. 149).

Maslow (1969) expressed regret that in the contemporary scientific society with its materialistic and agnostic tendencies, many would consider the existential questions of life to be irrelevant; however, his own attitude was different. Maslow (1970) held that human beings are not only naturally oriented to ask these questions, but that they are bound to ask these existential questions because have a cognitive need “to know and to understand” (p. 48). It is in contemplating on such questions that individuals have the possibility of opening themselves up and reaching out to the mystery of existence – and, indeed, to the farther reaches of human nature for as Maslow (1981) stated, “studies of psychologically healthy people indicate that they

are, as a defining characteristic, attracted to the mysterious, to the unknown, to the chaotic, unorganized, and unexplained” (p.49). Maslow (1993) maintained that the cause of certain forms of pathology is the lack of personal critical reflection (on those existential issues) which catalyzes and advances personal development, for he saw neurosis as a “failure of personal growth,” and not as a product of religion (Maslow, 1993, p. 24). Writing about the lack of critical reflection and fears that produce such pathologies and neuroses, Maslow (1968) stated:

We tend to be afraid of any knowledge that could cause us to despise ourselves or to make us feel inferior, weak, worthless, evil, shameful. We protect ourselves and our ideal image of ourselves by repression and similar defenses, which are essentially techniques by which we avoid becoming conscious of unpleasant or dangerous truths. (p. 57)

Maslow (1968) also stated that, “Knowledge and action are frequently synonymous, even identical in the Socratic fashion” (p. 62). Maslow concluded this argument with this closing remark, “This close relation between knowing and doing can help us to interpret one cause of the fear of doing, a fear of the consequences that flow from knowing, a fear of its dangerous responsibilities” (p. 63).

In a passage about the mistakes of the 19th century atheistic scientism, Maslow (1964b) wrote:

One could say that the nineteenth-century atheist had burnt down the house instead of remodeling it. He had thrown out the religious questions with the religious answers because he had to reject the religious answers. That is, he turned his back on the whole religious enterprise because organized religion presented him with a set of answers which he could not intellectually accept - which rested on no evidence which a self-respecting scientist could swallow. (p. 482)

Maslow (1964a) argued that the more sophisticated scientists are now in the process of learning that disagreement with religious answers of institutions is not the same thing as disagreement with the religious issues or the religious quest and questions which he insisted are perfectly respectable, and even scientifically acceptable. Maslow (1971) contended that “man has a higher and transcendent nature wherein are deeply rooted religious quests and questions which can be studied, described and examined in a scientific way” (p. 337). Newberg and Lee (2005) pointed out, using a scriptural text from the Old Testament, that religious questions can be tested:

Please test your servants for ten days. Give us vegetables to eat and water to drink. Then see how we look in comparison with the other young men who ate from the royal table and treat your servants according to what you see.” He acceded to this request and tested them for ten days; after the ten days they looked healthier and better fed than any of the young men who ate from the royal table. (NAB, Daniel 1:12-15)

Based on this biblical scripture, Newberg and Lee (2005) argued “even in early religious texts there was a notion that there could be some way of evaluating the effects of religiousness on the human person” (p. 470). Maslow (1964a) affirmed that religious institutions provide answers to perfectly sound and legitimate human questions. Even though their answers may not find acceptance in all cases with everyone, “the questions themselves — and religious quests, the religious yearnings, the religious needs themselves — are perfectly respectable scientifically, and perfectly valid and well-founded” (Maslow, 1964a, p. 18). Maslow believed that individuals with no appreciation or interest for religious questions were daft. He also believed he was not alone in his opinion and stated, “As a matter of fact, contemporary existential and humanistic

psychologists would probably consider a person sick or abnormal in an existential way if he were not concerned with these religious questions” (Maslow, 1964a, p. 18).

Baston and Stocks (2004) suggested that besides addressing the existential questions that people face, religion functions also as a call to self-transcendence, i.e., religion plays the role of calling individuals to pursue some higher purpose or cause, and to reflect critically on one’s values, and to awaken to the call that transcends the self. For Maslow (1964b) those who removed religion from psychology were unwittingly throwing out one of the greatest sources for human growth, development, and excellence. Cashwell and Young (2011) rejoined the mounting evidence that shows that “humans are closest to their fullest potential when they find a spiritual way to live” (p. 2).

Maslow’s (1954/1970) criticism did not stop at making a case for the respectability of entertaining religious questions and concerns into the scientific enterprise. Maslow also faulted contemporary psychology with abdicating its responsibility to provide different segments of humanity with appropriate guideline for development and growth. Maslow’s stance was that this because of its undue preoccupation with pragmatic quantification and mechanization. In *Motivation and Personality*, Maslow (1954/1970) explained his dissatisfaction by stating:

Because contemporary psychology is overly pragmatic, it abdicates from certain areas that should be of great concern to it. In its preoccupation with practical results, with technology and means, it has notoriously little to say, for example, about beauty, art, fun, play, wonder, awe, joy, love, happiness, and other "useless" reactions and end-experiences. It is therefore of little or no service to the artist, the musician, the poet, the novelist, to the humanist, the connoisseur, the auxologist, the theologian, or to other end- or enjoyment-oriented individuals. This is the equivalent of an accusation against

psychology that it offers little to the modern man whose most desperate need is a naturalistic or humanistic end or value system. (p. 131)

Maslow (1954/1970) described here a belief that what humanity desperately needs most in our time is a psychology that brings it closer to the true nature of the human person. Maslow (1966) advocated a psychology that caters for true human values and meets and recognizes those values where they are found. Maslow (1950) cared about a psychology that is concerned about the deepest longings of the human heart — i.e., a psychology that cares about the highest aspirations of the human heart and mind. Maslow (1969) was insistent on a psychology that promotes the truest reaches of the human adventure, growth, and development. Maslow (1971) sought to inspire a psychological revolution (not just by fixing disorders and maladjustments), but by promoting the development the higher reaches of human nature, by which, through unitive consciousness (B-Cognition or Cosmic consciousness) everything including the whole cosmos is perceived “as [a] single thing with oneself belonging to it” (p. 249). Maslow (1971) maintained that through self-transcendence, individuals come to the experience of the unity of the world through “integrative perceiving of unities” (p. 249).

Walborn (2014) indicated Maslow’s suggestion that the separation of religion and science was disadvantageous to both religion and science, whereas their cooperation together could give both disciplines more “mature and vibrant practices” (p. 258). On account of his work and insights in this domain of psychology, Walborn described Maslow as “a forefather of cooperative bridge between religion and science” (p.258). Walborn’s assessment is evidenced in Maslow’s (1964/1970) remark, when he stated:

New developments in psychology are forcing a profound change in our philosophy of science, a change so extensive that we may be able to accept the basic religious questions

as proper part of the jurisdiction of science, once science is broadened and redefined. It is because both science and religion have been too narrowly conceived, and have been too exclusively dichotomized and separated from each other, that they have been seen to be two mutually exclusive worlds. (p. 11)

Cashwell and Young's (2011) appraisal of Maslow's (1968) contribution to the trajectory of integrating spirituality and religion into counseling took account of the idea of journeying towards self-actualization and self-transcendence. Acknowledging that clients are among most people who are in need of healing, overshadowed by various miseries and existential questions, Cashwell and Young signaled how Maslow's vision provided a developmental perspective on the integrative process of healing, when they stated:

Maslow (1968) suggested that each person carries a central truth that he or she can actualize. This view is the cornerstone of the developmental perspective of the counseling profession. Some clients' central truth is grounded in a religious perspective; for all clients, it is potentially a spiritual one. The job of the counselor, then, is to see beyond the superficial to the client's inner potential that sits by the fire, with a heated poker in hand, the unenlightened being capable of becoming his or her true self. Whether one labels this as *transcendent self-actualization*, *enlightenment*, *Nirvana*, *Christ consciousness*, *mindfulness*, or the myriad other terms used in various wisdom traditions, the path remains the same. Healing is the goal — becoming more whole and, therefore, becoming more holy. (p. 2)

Future human existence may depend on humanity's developed "ability to overcome many short- and long-term existential threats" (Irish Times, 2016, Reville). And Cloninger (2013)

suggested that the future well-being and survival of humanity will depend on a spiritual evolution that is built on self-transcendent, self-directed, and cooperative dispositions.

R/S, Noetic Dimension, and Human Nature

The idea of the farther reaches of human nature was carried further by Frankl, (1975) who postulated that there is a noetic or spiritual dimension to the human personality, besides the psychological and the physical dimensions. According to Arthur (2019), Frankl's brand of therapy called *logotherapy* is centered on a three-dimensional structure of the human personality. Arthur (2019) characterized logotherapy as three overlapping ways of being in the world, the physical or *somatogenic way*, the psychological or *psychogenic way*, and the spiritual or *noological way* of being in the world, which roughly corresponds to a way of being, a way of understanding and a way of acting. These provide a framework for the answer to the question of meaning in life.

Frankl (1984) reported that he did not arrive at this by mere theoretical speculation, but through his own experience as a prisoner in the Nazi concentration camp in Auschwitz, and in his clinical work. According to Frankl (1984), in certain situations in life, when the individual experiences existential vacuum, they need more than bodily or psychic drives to remain sane and to survive. Frankl (1984) suggested that "questioned by life," they would need to go beyond these, to find an answer to the question of the meaning of life which "differ[s] from man to man, and from moment to moment" (p. 85). Frankl (1967) posited a spiritual core in the human person (also referred to as the noological dimension or the dimension of the noetic) which enables people to transcend their instincts and environmental contingencies to find meaning in life, and thus live with inspiration and aspiration in their existential situation. According to Ross (1995) the spiritual dimension inspires "meaning and purpose" and provides the individual with a reason

to live, and a meaning that makes going-on living worthwhile (p. 458). Frankl (1984) confirmed that this was what helped him in the concentration camp, when he stated:

A thought transfixed me: for the first time in my life . . . I understood how a man who has nothing left in this world still may know bliss, be it only for a brief moment, in the contemplation of his beloved. In a position of utter desolation, when man cannot express himself in positive action, when his only achievement may consist in enduring his sufferings in the right way — an honorable way — in such a position man can, through loving contemplation of the image he carries of his beloved, achieve fulfillment. For the first time in my life, I was able to understand the meaning of the words, “The angels are lost in perpetual contemplation of an infinite glory.” (p. 57)

Frankl (1984), thus sought to find meaning in a meaningless situation by moving beyond himself to the contemplation of love which held meaning for him in that moment and for the future. From that experience Frankl (1978) made this admission:

This was the lesson I had to learn in the three years spent in Auschwitz and Dachau: *ceteris paribus* (other things being equal), those most apt to survive the camps were those oriented toward the future — toward a task, or a person, waiting for them in the future, toward a meaning to be fulfilled by them in the future. (p. 34)

Frankl (1959) explained that the source of this inspiration comes from the spiritual dimension of the person, i.e., “the noetic” (p. 159). Reflecting the impact of Frankl, Walborn (2014) stated that it is this aspect that differentiates humans from animals because humans are not “confined to instincts or what they have learned . . . humans can transcend these regressive forces” (p. 285). Frankl (1963) appraised the human endowment of spiritual freedom and responsibility to make choices even in the most severe existential situations of life and

emphasized that “It is not freedom from conditions, but freedom to take a stand toward the conditions” (p. 205). Frankl (1966) maintained that therein lies the healthy core of the person (the noetic dimension) which can be ignited to give meaning to any current condition an individual might be passing through. What makes Frankl’s logotherapy an optimistic future-oriented philosophy of life, is that Frankl (1959/1984) held that in spite of the “tragic triad” of pain, guilt, and death, humans can remain optimistic with a “tragic optimism” (p. 162).

According to Frankl (1959/1984) tragic optimism is:

An optimism in the face of tragedy and in view of the human potential which at its best always allows for: 1. Turning suffering into a human achievement and accomplishment; 2. Deriving from guilt the opportunity to change oneself for the better; and 3. Deriving from life’s transitoriness an incentive to take responsible action. (p. 162)

Leung (2019) suggested that Frankl’s tragic optimism indicates the capacity in the individual that can help them to negotiate the difficult moments of life, and “maintain a positive outlook on life in spite of adversity and tragic experiences” (p. 2). Frankl (1963) held that the meaning of life must be sought by everyone in their circumstances. For as Frankl stated, “the meaning of life differs from man to man, from day to day, and from hour to hour” (p. 171). Thus, Frankl maintained that there is no universal meaning of life. He asserted that each person must find the unique meaning of their own lives in daily living and stated, “What matters, therefore, is not the meaning of life in general but rather the specific meaning of a person’s life at a given moment” (Frankl, 1963, p. 171).

The Need for R/S Integration in Counseling Practice and Counselor Education

Koenig (2012) affirmed that “religion, medicine, and healthcare have been related in one way or another in all population groups since the beginning of recorded history” as the hints

from the literature review so far have shown (p. 1). Drawing on the insights from Adler (1932/2010), Allport (1955), Cashwell and Young (2020), Frankl (1959), James (1902/1929), Jung (1942a, 1960), Koenig (2012), and Maslow (1964, 1968, 1969, 1970), the need to integrate R/S into professional counseling practice, psychotherapy, and counselor education arises from the many factors described below.

It has been established that the original form of healing was integrative in nature. Religion and psychology have historically worked together toward the goal of improving mental health (Koenig, 2012). Integrative approaches are holistic and encompassing in nature. Most of the scholars reviewed in the previous section have, in one way or another, maintained that an integrative practice reflected in a holistic recognition of the person. Cashwell and Young (2020) expressed the comprehensiveness of the integrative approach when they stated, “In fact, the words, *healing*, *whole*, and *holy* all derive from the same root, suggesting that all have the potential to heal people’s brokenness, become less fragmented, and in so doing grow to be more holy” (p. 4).

Integrative approaches to healing are inclusive of all stages of growth. James (1902/1929) indicated that mental health should be concerned not only with psychopathology, but with the process with which people negotiate the various stages of growth including the mystical states where they “add a super-sensuous meaning to the ordinary outward data of consciousness” (p. 418). James’ (1929) pioneering work set the pace for applying the method of scientific investigation to religious experiences. To a great extent, the quality of contemporary research on the place of religion and spirituality in counseling and psychotherapy owes its impetus to James’ courageous initiative.

Integrative approaches recognize people in their unique individuality. Allport (1955) advocated that the work of counseling should deal with *real persons* in their holistic individuality and identity, i.e., counseling should consider the whole structure of personality in therapy. Allport (1955) held that beyond the employment of theoretical constructs or the use of statistical averages, the spiritual domain of the personality structure should be considered. The emphasis on individual uniqueness in therapy goes back to Allport (1939, 1967), for which he became known as the father of personality psychology.

Religion provides stability and balance to personality in the process of human growth and development. For example, in the *individuation* process, Jung (1942a) acknowledged the heroic nature of the tasks involved as human beings grow and development, and he recognized that no matter what life struggles people might face, spirituality and religion could provide stability and balance. Jung (1960) advanced another important function of religion in therapy which is relevant to individuals in late life. Jung (1960) saw religion as a guide that the elderly could use as a form of finding fulfillment and meaning in life. Ryan-Bloore (2013) applauded Jungian psychology for its immense help in the domain of psychological development, for its contributions to contemporary analytic psychology, and for its serving as an interface between psychology, pastoral counseling, and spiritual direction.

Religion also fosters the development of altruistic traits and a community spirit in people. In Adlerian psychotherapy, which is centered on the idea of striving with social interest to attain perfection, the idea of God, and the role religion. Adler (1938/2011) explained this by stating, “The best conception hitherto gained for the elevation of humanity is the idea of God” (p. 158). Elsewhere, Adler (1932/2010) noted that religion is one of the greatest strivings towards “social interest” and love (p. 11). Contemporary cognitive theories and practices with a spiritual

dimension owe their roots to Adler (1913/1946), which go back to his tenets on human development. Adler's (1913/1946) tenets cover three domains that include a loving way of being, a way of understanding that cares about community, and a way of working that benefits humanity.

Beck (2014) described Adler's (1933/1971) contribution to our understanding of the social dimension of the personality by stating, "which has roots in many cultures around the world, has been shown to positively influence physical and mental health including life satisfaction and well-being (p. 2). While the importance of social interest in the assessment of mental wellbeing has been studied by Sulliman (1973), its significance for a healthy spiritual life has been noted by Watts (2000). Watts (2000) drew on the insights of Butman (1999) and held the idea that a healthy spiritual life is marked by a community spirit.

In advocating for the infusion of religion and spirituality into psychotherapy, Maslow (1954/1981) stated:

Our understanding of the aims of psychotherapy (and of education, of child rearing, of the formation of the good character in general) must shift considerably. To many, it still means the acquisition of a set of inhibitions and control of the intrinsic impulses.

Discipline, control, suppression are the watchwords of such a regime. (p. 103)

Maslow (1968) suggested that each person carries a central truth that he or she can actualize.

Primeaux and Vega (2002) reported that Maslow (1970) upheld that human nature encapsulates transcendent experiences which are neglected, but which if accepted, have the potential of "fostering the fullest actualization and fulfillment of the highest and fullest humanness [of humanity]" (p. 97). Cashwell and Young (2020) called the attention of counselors to Maslow's contribution regarding the truth of the farther reaches of human and spiritual

development that each person carries which “he or she can actualize” (p. 4). Cashwell and Young (2020) maintained that “this view is the cornerstone of the developmental perspective of the counseling profession” (p. 4). Maslow (1968) paved the way for contemporary psychologists to take holistic approaches to psychotherapy. One such example was the emergence of positive psychology, that focuses on the strengths and resources within individuals that enable them and the society to grow and develop positively and flourish to the human developmental trajectory (Seligman, 1991).

Religion and spirituality aid people in finding meaning and purpose in their lives. According to Frankl (1946/1984), there are times in life when individuals experience an existential vacuum. It is during these times that they need more than bodily or psychic drives to remain sane and to survive. Frankl (1978) insisted that to find meaning in life, individual needs to go beyond their bodily and psychic drives. Frankl (1978) stated:

Unlike other animals, man is not told by drives and instincts what he must do, and unlike in former times, he is no longer told by traditions and traditional values what he should do. Now lacking these directives, he sometimes does not know what he wants to do. (p. 25)

Frankl (1967) had posited a spiritual core in the human person (the noetic dimension) which enables people to transcend their instincts and environmental contingencies to find meaning and purpose in life. Frankl’s (1946/1984) *Man’s Search for Meaning* contributed a lot to contemporary existential counseling and psychotherapy that aimed at putting meaning back into peoples’ lives. Frankl’s (1959) understanding of the spiritual dimension of the person suggested that dealing with freedom, decision-making, and choice in therapy already brings the client and therapist into the spiritual dimension of the human person.

Contributions to Contemporary Counseling and Psychotherapy by R/S Scholars

Adler (1913, 1932, 1933), Allport (1939, 1950, 1955), Frankl (1946, 1963, 1967, 1975, 1978), James (1890, 1902, 1917), Jung (1937, 1939, 1951, 1954, 1959, 1960, 1966, 1969), and Maslow (1943, 1950, 1954, 1964, 1968, 1969) made significant contributions towards the current understanding and practice of professional counseling. This is especially the case when these scholars highlighted the value of the exercise of freedom and choice (Frankl, 1963), the importance of finding meaning in life (Frankl, 1946), the necessity of striving towards growth and the fuller development of the person (Maslow, 1968), and the need of sustaining the equilibrium and stability of the psyche (Jung, 1939, 1951). Allport (1940) expressed that these scholars made “original” and “daring” contributions to an understanding of the spiritual dimension of the person from various perspectives.

James (1902/1929) addressed R/S dimension from the perspective of the nature of the human person. Allport (1950/1967) discussed the R/S dimension of the person from the structure of human personality. Jung (1935/2015, 1958/2005) concentrated his R/S contribution from the perspective of the process of integration and individuation of the individual and the stability of the psyche. Adler (1932/2010) focused his R/S contribution on the holistic growth of the person from the perspective of striving for perfection and accomplishing the tasks of life. Maslow (1969, 1954/1970) directed his R/S contribution to pointing out the farther reaches of human development from the perspective of self-transcendence. In his R/S contribution to clinical practice, psychotherapy and counseling, Frankl (1967, 1975, 1984) called attention to the noetic or spiritual core of the person and showed the importance of meaning and purpose in life for therapy.

Their collective input in the spiritual domain of human functioning has given rise to a more open appreciation of the holistic nature of the human person. The influence of the R/S scholars reviewed in this chapter contributed to the current movement of R/S integration in the helping professions — both in professional counseling practice and in counselor education (Cashwell & Young, 2020). More particularly, these scholars have brought what Richards and Bergin (2005) have called a new open “Zeitgeist or spirit of the times” into the social sciences (p. 6). This has made it possible to have fresh conversations about the development of new modalities in psychotherapy, that are spiritually and religiously accommodative in assessment and treatment approaches (Richards & Bergin 2005, p. 6). Appraising the progress made in the trajectory towards the integration of R/S into mental health care, Oxhandler et al. (2017) reported that a variety of helping professions “are turning their attention toward the role of R/S in clients’ lives and mental and behavioral health treatment” (p. 2). According to these authors (Oxhandler et al., 2017), practitioners all across the helping professions (social work, psychology, marriage and family therapy, counseling, and nursing) “are called to acknowledge this area of clients’ culture through the treatment process and not to discriminate based on one’s R/S” (p. 2).

Adler (1913/1956) acknowledged the role of religion and spirituality in the mental health trajectory and emphasized both the uniqueness of individuals and their essential connectedness with the society in the development of his theory of personality in *Individual Psychology*. Adler’s (1933/1979) insistence on self-realization through appropriate community-oriented striving heralded the importance of psycho-social evaluation in clinical practice. Ellenberger (1970) has asserted that Adler’s most important contribution was the diffusion of his ideas on other theoretical perspectives. Recounting the influence of Adler’s ideas on contemporary psychology and psychotherapy, Sweeney (2009) described the Adlerian theory as “the forerunner

of many other approaches to education, counseling, and therapy today” (p. 31). Corey’s (2017) evaluation of Adler’s contribution to contemporary counseling and psychotherapy reads as follows:

It is difficult to overestimate the contributions of Adler to contemporary therapeutic practice. In many ways, I believe Adler’s influence on current practice is greater than that of Freud. Many of Adler’s ideas were revolutionary and far ahead of his time. His influence went beyond counseling individuals, extending into the community mental health movement (Ansbacher, 1974). Abraham Maslow, Viktor Frankl, Rollo May, Paul Watzlawick, Karen Horney, Erich Fromm, Aaron T. Beck, and Albert Ellis have all acknowledged their debt to Adler. (p. 125)

Frankl (1967) in his own theory acknowledged the role the spiritual dimension of the person plays in giving meaning to life. Gojmerac-Leiner (2005) affirmed that Frankl’s (1967) theory of a spiritual core in the individual contributed to the appreciation of the ability that individuals possess, namely, “the power of the spirit to transcend the body when it is afflicted,” and to the understanding that, “one can survive through the sheer power of one’s spirit” (p. 375). Frankl’s (1959) logotherapy, regarded as the Third Viennese School of Psychotherapy (Hatt, 1965), promoted the importance of searching for purpose and finding meaning in one’s life. According to Frankl (1959) the search for meaning in one’s life is the primary motivational force, and in the spiritual core of the individual from where choice originates, emanates the possibility of survival, change, and healing in the client.

According to Bohart and Tallman (1999) the healing, growth, and development of the client do not come from replicas of the therapist’s instruction, but from the client’s personal understandings, meaning-making, idiosyncratic uses of whatever they have learnt in therapy,

together with their own ideas and decisions arising from their own insights into their own issues and situations. Bohart and Tallman (1999) also argued, likewise, that clients have within themselves a strong proactive self-healing capacity; and they identify “client involvement” and “meaning-making processes” as the most potent force in therapy (p. xiii). Bohart and Tallman (1999) suggested that ultimately what makes counseling and therapy work is client’s intrinsic generativity and creativity which comes from their spiritual core, where the process of translating into their life’s contexts, lessons and experiences learnt in therapy takes place. From Batson and Stock’s (2004) perspective, Frankl’s contribution lay in pointing out that for many people the most salient core psychological function of religion is “to provide a sense of meaning and purpose in life” (p.149).

Maslow’s (1970) contribution to contemporary counseling and psychotherapy lies in identifying and articulating the underlying hierarchy of needs and motivations that undergird human growth and development, and in pointing out the farther reaches of human development in the spiritual dimension of human growth. Baston and Stocks (2004) opined that Maslow (1970) highlighted the human need to self-actualize, failure of which can lead to restlessness. Basing themselves on Maslow (1970), Baston and Stocks (2004) maintained that to be at peace, the individual would need to be doing what they are fitted to do, just as Maslow (1970) expressed it when he stated: “A musician must make music, an artist must paint, a poet must write” (p. 46). According to Baston and Stocks (2004), Maslow (1964) helped to point psychotherapy in the direction of what spiritual integration looks like in the religious dimension of the lives of self-actualized individuals – who come across peak experiences (or core religious experiences) “in which one has a sense of wholeness and integration both within oneself and

with one's world, [and] a sense of effortless and creative involvement in the here and now" (p. 148).

In a study on transcultural psychiatry, Abramovitch and Kirmayer (2003) acknowledged and paid tribute to Carl Jung's enormous contributions to contemporary psychiatry, psychology, and by extension to psychotherapy and counseling. Jung's prolific writings provided clinical practice with concepts, constructs, and a language to discuss and deal with the inner workings of the human psyche (Sahakian, 1969). James and Gilliland (2003), sharing the opinion of Sahakian (1969), asserted that Jung's writings, which run into 20 volumes, covered a wide variety of topics that shed light on his most famous contributions. Abramovitch and Kirmayer acknowledged Jung's contributions and stated:

Among the notions we owe to Jung are: the use of reaction times to word associations to measure deception and defensiveness; the concept of a psychological complex; . . . a personality typology that led to the most widely used personality test in counseling psychology, the Myers-Briggs Inventory (Quenk, 2000); the importance of countertransference (Racker, 1968); the introduction of formal training analysis; the idea of mid-life crisis as a crucial developmental task (Hinton, 1979) and the process of individuation that guided the personological work of Henry Murray (1955); and the importance of meaning in psychopathology and healing, which led directly to the development of existential psychotherapy and psychiatry (Ellenberger, 1970). Jung influenced the development of Alcoholics Anonymous when he told Rowland H. that he had never seen anyone surmount a problem of addiction unless he had developed a religious attitude. (p. 156)

Abramovitch and Kirmayer opined that although Jung did not develop a systematic theory of psychotherapy, his writings and his style of practice makes the following endowments to today's psychotherapy:

According to Abramovitch and Kirmayer (2003) Jung's thinking and understanding of the workings of the psyche was greatly influenced by a series of important cross-cultural encounters he had. About Jung, Abramovitch and Kirmayer stated, "In particular, his reading of Indian religion had a powerful effect on the notions of intrapsychic dynamics, psychological development and goals of therapy" (p. 156). According to Abramovitch and Kirmayer, Jungian psychotherapy emphasizes that the fundamental language of the psyche is not words but images, thus, making the therapeutic modalities of imagery, dreams, symbols, mythology, shareable across divides of language, age, and cultures. Abramovitch and Kirmayer suggested that Jung's interest in cross-cultural and multicultural influences on mental health promoted cultural psychiatry and fostered a broad appeal for his brand of psychotherapy and "among those seeking a psychology that allows a place for spirituality and religious experience" (p. 156).

Abramovitch and Kirmayer (2003) opined that Jung (1966) made it clear that the main tactic of psychotherapy was the interpretation of phenomena in terms of appreciating and balancing the tension of psychic opposites. Thus, reflecting Jung's idea, Abramovitch and Kirmayer indicated that the therapist's task is to interpret the experience of clients "in terms of [their] compensatory value to introduce or emphasize the opposite attitudes" of clients' conscious stance and so enlarge the domain of consciousness (pp. 158-159). According to Abramovitch and Kirmayer, this logic of opposites "provides the most basic rule of thumb for psychotherapy and allows the psychotherapist great latitude in working with different models

and modalities” (e.g., the use of dream analysis, the use of active imagination, and the utilization of artistic expression in therapy). (p. 159).

According to Abramovitch and Kirmayer (2003), Jung’s approach to psychotherapy is characterized by the notion that self-healing is a natural psychic process. Consequently, Abramovitch and Kirmayer understood that from Jung’s perspective, psychiatric symptoms were “failed attempts at self-healing.” Abramovitch and Kirmayer also gleaned from Jung that the role of the psychotherapist was less that of a healer, and more of “a facilitator or midwife who works to activate the endogenous healing capacities of the patient” (p. 159).

Abramovitch and Kirmayer (2003) held that “Jung saw his psychology as complementary to Freud’s in its clinical application” (p. 157). According to Abramovitch and Kirmayer, Jung believed that a Freudian or Adlerian approach was most suitable for young people who are struggling with ego problems and issues with adjustment to adult life. Hinton (1979) posited that any adult who may lack meaning in their otherwise successful lives would benefit from opening communication between the conscious self and the unconscious. This process was described as that of *individuation*.

In his work on psychological types, Jung (1953) defined individuation as “a process of differentiation, having as its goal the development of the individual personality” (p. 561). In the quest for meaning, truth, and authenticity, the process of individuation leads to the fullest possible unfolding which marks the embodying of one’s truest potential, calling, and authentic self. Jung (1933) stated that “psycho-neurosis must be understood as the suffering of a human being who has not discovered what life means to him” (p. 225). Jung’s (1953) insight into the nature and goal of individuation shows that he understood it to be a procedure through which each individual gives their life its unique meaning. Meaning is found by striving to attain its

fullest development and flourishing in the context of the community, leading “clearly to a more intensive and universal collective solidarity, and not to mere isolation” (Jung, 1953, p. 562).

Abramovitch and Kirmayer (2003) stated that “Jungian psychology conceptualizes the training of psychiatrists and other mental health professionals not in terms of the acquisition of professional skills but rather as a process of initiation” (p. 160). Abramovitch and Kirmayer argued that from the Jungian perspective, attention should be given to having trainees encounter the irrationality and emotional intensity common to mental illness. From this experience, trainees make use of their own woundedness becoming better able to form their identity as facilitators of healing.

Wong (2009) acknowledged Jung’s contributions to contemporary psychology, especially to positive psychology. According to Wong, Jung’s concept of individuation leverages an individual’s full potential, growth, and flourishing “through meaning and spirituality” (p. 545). Wong discussed another of Jung’s contribution from the perspective of the theory of individuation, namely, that psychological growth from Jung’s viewpoint, comes through a painful process. About Jung’s work, Wong stated, “One of the common themes in Jungian analysis is that just as there is no rebirth without death, there can be no wholeness without realizing our brokenness, and no self-actualization without suffering” (p. 546). Kincel (1975) regarded the concept of individuation as the central concept of Jung’s psychology and the key to understanding the “dynamics of psychotherapeutic analysis” (p. v). Kincel identified the goal of individuation as “the main goal of psychotherapy in terms of the most complete growth of one’s inner psychic personality determinants” (p. v).

In a similar trend of thought, James and Gilliland (2003) also identified individuation as “the penultimate goal of living and of therapy” and “the process through which people move

toward self-realization” (p. 3). In paying tribute to Jung’s contributions, James and Gilliland recognized that while individuation was a complex and difficult task, it was a more profound process of reconciling and integrating a variety of forces, traits, and attitudes in the individual, and a process of transforming “their psychic processes and total being” (p. 3). Edenfield and Saeed (2012) have observed that the endorsement of Suzuki’s (1934/1964) work on Zen Buddhism by Jung in 1939 popularized therapeutic techniques like mindfulness-based interventions (MBIs) (e.g., meditation and mindfulness) whose current appeal and influence on Western cultures is on the increase (p. 132).

Thetford and Walsh (1985) described Allport as an academician whose main contribution lay in emphasizing that the human personality is “a unique and open system . . . in which constant intake and output of energy occur, a system that is characterized by progressive internal organization over time and creative transaction with the environment” (p. 462). Thetford and Walsh also reported that Allport, who valued the uniqueness of the individual in his theoretical approach to personality, pleaded for the development of “more suitable methods for studying the individual person by morphogenic or idiographic techniques, which would be capable of approaching the uniqueness that was the core of personality” (p. 462).

According to Thetford and Walsh (1985), Allport acknowledged the ability of science “to investigate primarily groups, common areas, broad generalizations, and common laws” (p. 462). Thetford and Walsh argued that Allport recognized “the anomalous position of science in relation to the individual person” (p. 462). Following from this position, Thetford and Walsh claimed that from Allport’s perspective, “such a methodological weakness restricts scientific study largely to nomothetic procedures that, at best, can construct an artificial person, and must therefore, violate personality as it really is” (p. 462). Allport (1940) saw the need for an eclectic

method. In a presidential address delivered at the 47th annual meeting of the American Psychological Association on September 7, 1939 in Berkeley, California, Allport encouraged the use of diversified approaches, including the qualitative approach to the study of psychology. At the address, Allport (1939) stated:

The desirability of keeping alive diversified investigation and a diversified sense of importance is the generous lesson that democracy teaches us. Now, if ever, must we learn it well and apply it to ourselves. If we rejoice, for example, that present-day psychology is — as Bills has pointed out and as our survey has shown — increasingly *empirical, mechanistic, quantitative, nomothetic, analytic, and operational*, we should also beware of demanding slavish subservience to these presuppositions. Why not allow psychology as a science — for science is a broad and beneficent term — to be also *rational, teleological, qualitative, idiographic, synoptic*, and even *non-operational*? I mention these antitheses of virtue with deliberation, for the simple reason that great insights of psychology in the past — for example, those of Aristotle, Locke, Fechner, James, Freud — have stemmed from one or more of these unfashionable presuppositions. My plea, therefore, is that we avoid authoritarianism, that we keep psychology from becoming a cult from which original and daring inquiry is ruled out by the application of one-sided tests of method; that we come to evaluate our science rather by its success in enhancing— above the levels achieved by common sense — our powers of *predicting, understanding, and controlling* human action. (p. 25)

According to Cashwell and Young (2020) all these contributions together with the current trend in cultural sensitivity and “cultural affirmation and celebration” have had an impact portrayed in the following statement:

Collectively, these trends have had at least two outcomes. First, many mental health professionals recognize that the most challenging human struggles are also the most common and that these struggles often have a spiritual or religious component. Second, many counseling professionals now wonder how they can best help those coping with challenges related to self-affirmation, self-acceptance, forgiveness, finding purpose, experiencing joy, moving into and through despair, and living with authenticity. (p. ix)

Before Cashwell and Young's (2020) observation, many mental health professionals had already been caught by the trend to shift from a mechanistic model of practice to a more humane model that includes attention to the R/S dimension of the person.

For instance, Cloninger's (2006) work, advocated a shift in clinical practice from a focus merely on pathology to an emphasis on holistic well-being, with attention to meaning and purpose for clients and patients. Similar emerging paradigm shifts were taking place in medicine (Randall & Downie, 1999), nursing care (Cone & Giske, 2018), psychology (Vieten et al., 2013), social work (McKernan, 2005) and for other mental health providers (Pearce et al., 2019). The kind of shift advocated by these health providers included a focus on caring with compassion and love, and on the concept of wellness that includes individuated-growth, integrated-development, cooperativeness, and self-transcendence.

The contemporary trends seen in these shifts and in multicultural sensitivity in clinical practice in mental health professions is a recognition of the R/S scholars pioneering contributions to the integral wellbeing of clients. Wellbeing includes religious and spiritual integration in the clients' lives, which in turn affects their adjustment to the society and their integration in the community to which they belong. Reville (2016) Cloninger (2013) argued that the survival of humanity may depend on such holistic integration, needed in our world today. Richards and

Bergin (2000) reported that the contemporary trend towards the integration of R/S into psychotherapy approaches is positive. This trend (R/S integration) in multiculturalism is in keeping with “the ideal of multiculturalism [which] aspires to open exchange across all human differences” such as gender, sex, ethnicity, socio-economic factors, age, culture (Smith et al., 2019, p. 4). Drawing on the insights of Sue and Sue (2016), and Slife et al. (2017), Smith et al. (2019) opined that growth in the field of multi-culturalism has expanded “from attending primarily to outward identifiers to including inner perspectives . . . including spirituality and religion” (p. 4).

Ryan-Bloore (2013) summed up the importance of the contributions of the scholars who have endeavored to pioneer R/S integration in therapy through the interface of psychology and spirituality in the process of spiritual growth and development in these words:

We cannot grow spiritually without psychological development: and psychological development is incomplete unless it leads to an encounter with the spiritual, with God, as an inner Divine presence. Only that encounter gives meaning and purpose to our human existence. The bridge which unites them is the psycho-spiritual interface found in the vessel of the human psyche. (p. 9)

Scientific Evidence that Supports Theoretical Claims

From a medical perspective, Mohandas (2008) corroborated the affirmation that spirituality plays a role as a key component in the process of psychological recovery and as a resource for finding meaning and hope in suffering. Mohandas pointed to the gradual discovery of the neurobiological basis of the effects of religion and spirituality on health. According to Mohandas, that effect is gradually being uncovered with preliminary studies on “the involvement of the prefrontal and parietal cortices” in meditative practices (p. 1).

Cloninger (2006) in a study on the science of well-being showed that R/S integrated approach to mental health enhances and improves people's happiness, well-being and mental health. Cloninger showed, with randomized controlled trials, that integrating methods that enhance self-directed, cooperative, and self-transcendent character traits in therapy increased the subjects' happiness and well-being more than using interventions that were based only on psychotropic drugs or cognitive-behavioral therapy alone.

Cloninger (2006) asserted that "psychiatry has failed to improve the average levels of happiness and well-being in the general population, despite vast expenditures on psychotropic drugs and psychotherapy manuals" (p. 71). The reasons psychiatry has struggled to improve happiness is attributed to (a) an excessive focus on stigmatizing aspects of mental disorders, and (b) failing to include and integrate methods that enhance positive emotions, character development, life satisfaction, and spirituality in clinical interventions (Cloninger, 2006).

Koenig and Larson (2001) attested to the scientific evidence that support the theoretical claims about the connection between spirituality and wellbeing. Koenig and Larson (2001) demonstrated that religion contributes significantly to optimal mental health. Optimal mental health includes improvements to life satisfaction, optimism, hope, recovery from substance abuse, obsessive and compulsive disorders, and in improved social support. Improvements in social support are consistent with ideas put forth by Adler (1938/2011) and Jahn and Adler (1933/1979).

Consequently, Koenig and Larson (2001) affirmed that, "on the balance, it appears that religious beliefs and practices rooted within established religious traditions are generally associated with better mental health, higher social functioning, and fewer self-destructive tendencies" (p. 72). The research literature on the role of religion and spirituality on the

wellbeing of individuals attests to religion's enormous potential for therapy (Elkonin et al., 2014), for a good understanding of the sense of self and its functioning (Kavar, 2015), and for a more holistic appreciation of clients' concerns.

The Path Towards the Integration of R/S in Counselor Training in the Literature

In the last few decades, interest on the topics of spirituality and religion in counseling and psychotherapy has generated much discussion and a large body of scholarship (D'Andrea & Daniels, 2006). The growing interest in this domain finds expression in the burgeoning publications and peer-reviewed articles that fill academic journals and populate counseling and psychology periodicals and magazines (Plante 2007). As of March 30, 2021, a Google search for books that have ever been written on the integration of spirituality and religion into counseling and psychotherapy shows approximately 45,700 volumes. Since approval of the ASERVIC R/S competencies in 2009, approximately 7,920 scholarly articles have been published on religious and spiritual competencies in counseling, therapy, professional practice and counselor education.

Taylor (2002) attributes the growing interest on spiritual and religious topics to the fact that religion and spirituality play an important and influential role in people's lives in every known culture. Cornish and Wade (2010) declared that religious beliefs and spirituality are seen as vital elements in people's lives and are perceived to be addressable in counseling and psychotherapy. This section examines the trends that appear to be leading to the path towards the integration of religious and spiritual competencies in counselor education and training.

A Growing Interest in R/S in Therapy and Its Impact on the Counseling Profession

In the current DSM-5 (American Psychiatric Association, 2013), religious and spiritual problems are coded under Problems Related to Other Psychosocial, Personal, and Environmental Circumstances. Attention to spirituality and religion in counseling and allied professions has

impacted the way cultural competency, ethical practice, and holistic care of clients are perceived in these fields (Barnett & Johnson, 2010; Callahan, 2016; Plante, 2014). The solicitude and interest toward the integration of spiritual and religious concerns of clients in therapy have led to an increased interest in aligning therapy to accommodate religious beliefs, values, and concerns. There is also an increased interest and engagement in empirical studies on the outcomes of R/S-therapy in specific mental health areas and distinct clients' conditions (Koenig, 2012). Additionally, more evidenced based studies would further encourage the integration of R/S competencies in counselor education (Wolf & Puig, 2015).

Empirical Studies on the Positive Outcomes of R/S Interventions

As a result of the openness to, and increased interest in R/S integration in therapy there followed a rise in the development of therapies that adapted R/S concerns in their treatments (McCullough, 1999; Miller, 1999/2006; Richard & Bergin, 2000, 2005; Smith & Bartz, 2007; Sperry & Shafranske, 2005). Smith et al. (2007), identified some areas where spiritual perspectives and interventions are being adapted in therapy. Those areas include marriage and family therapy (Butler & Harper, 1994), group therapy (Hiatt, 1999), Adlerian therapy (Watts, 2000), person-centered therapy (West, 2004), cognitive therapy (Propst, 1996), existential-humanistic therapy (Maher, 1996), Gestalt therapy (Harris, 2000), constructivist therapy (Steinfeld, 2000), and transactional analysis (Trautmann, 2003). Smith and Bartz (2007) basing themselves on the studies of scholars in the field, pointed out that the inclusion of R/S issues in psychotherapy could create the potential for several ethical dilemmas.

Those dilemmas include (a) dual relationships (Sonne, 1999), (b) getting appropriate informed consent (Hawkins & Bullock, 1995), (c) client spiritual identity development (Fowler, 1991), (d) sensitive collaboration with religious leaders, (e) respect for client's values (Haug,

1998), (f) setting boundaries (Chappelle, 2000; Richard & Bergin, 2005), and (g) therapist's competence (Barnett & Fiorentino, 2000; Lannert, 1991). The need was felt for empirical studies to monitor the outcomes of the emerging R/S integrated psychotherapies (Sonne, 1999) and to investigate their effectiveness (Worthington et al., 1996). For instance, Baetz et al. (2002) demonstrated that inmates suffering from severe depression that both public religion (e.g., religious attendance) and personal spirituality were associated with less severe depressive symptoms. Their study also correlated shorter hospital stays and higher life satisfaction with intrinsic religiousness in patients (Baetz et al. (2002).

Similarly, the role of intrinsic religious coping in dealing with stress has been extensively and empirically studied by Pargament (1997, 2002), who consistently found connections between positive styles of religious coping (i.e., coping based on positively motivated and internalized religion which is grounded on a secure relationship with God) and better mental health outcomes. Pargament (2002) also found out that the efficacy of religion in those studied was linked with the degree to which religion was benevolently appraised and well-integrated in individuals' lives, even in the face of difficult situations.

In a meta-analysis, Captari et al. (2018) analyzed 97 outcomes of empirical studies (N = 7,181) in research to investigate the efficacy of aligning therapy to patients' beliefs and values. The researchers analyzed the data from these 7,181 patients, of which 3,495 were from R/S interventions; 1,634 from alternate interventions; and 2,052 from no treatment or control conditions. According to Captari et al., these data "were gathered from 102 independent samples" (p. 1944). These authors showed that while most of the participants in the studies that they meta-analyzed were diagnosed with a primary mental health disorder such as depression, anxiety, or posttraumatic stress disorder, other participants were treated for distress and/or

spiritual wellbeing after the diagnosis of a medical condition such as cancer or human immunodeficiency virus; others reported couple conflict, spiritual problems, unforgiveness, or similar life challenges.

Captari et al. (2018) reported that various formats of therapy: psychospiritual; cognitive and/or behavioral; existential and/or narrative; mind-body; Recall, Empathize, Altruistic, Commit, and Hold (REACH); forgiveness therapy; and supportive and/or pastoral therapies or perspectives; were used across the studies analyzed. Captari et al., stated that follow-up time of treatment ranged from 1 to 6 months (for R/S treatment-control studies) and from 1 to 12 months (for R/S treatment alternate studies). In the report on their findings, Captari et al. stated:

We compared the effectiveness of R/S-tailored psychotherapy with no-treatment controls, alternate secular treatments, and additive secular treatments. R/S-adapted psychotherapy resulted in greater improvements in clients' psychological ($g = 0.74$, $p < 0.000$) and spiritual ($g = 0.74$, $p < 0.000$) functioning compared with no treatment and non-R/S psychotherapies (psychological: $g = 0.33$, $p < 0.001$; spiritual: $g = 0.43$, $p < 0.001$). In more rigorous additive studies, R/S-accommodated psychotherapies were equally effective to standard approaches in reducing psychological distress ($g = 0.13$, $p = 0.258$), but resulted in greater spiritual wellbeing ($g = 0.34$, $p < 0.000$). (p. 1938)

In the quote above, "g" represents effect size, which is a statistic that reflects the strength of the difference between the R/S condition and the comparison control condition in standard deviation units at the time of the posttest. Thus, based on empirical studies, several religiously and spiritually accommodative therapies are being developed and used in different formats of psychotherapy (Miller, 2006; Richards & Bergin, 2004; West, 2011).

Explorative Studies and Surveys on the Challenges of R/S Integration

Koenig (2012) drawing from the insights of Barnett and Johnson (2010), Rosmarin et al. (2011), and Smith et al. (2019), noted that though most of the empirical studies carried out to investigate the effect of R/S on mental health showed a positive correlation between R/S and better mental health outcomes, there remained many challenges to integrating R/S into clinical practice. Barnett and Fiorentino (2000) identified, among these challenges, those that bordered on ethics. Adams et al. (2015), Souza (2002), Walker et al. (2004), and Young et al. (2007) pointed out the challenges regarding the effective transfer of R/S research findings from use in research settings to use in training of counselors in R/S integrative counseling practices. Park et al. (2017) hinted at the challenge in the transfer of the results of research findings in the domain of clinical practice, while Sexton et al. (1997) highlighted the challenges of transferring research findings to counselor training programs.

Plumb (2011) surveyed 341 registered clinical counselors in British Columbia, Canada, on the difficulties experienced in the challenge of finding suitable and effective ways of integrating R/S in practice and in training, suggested that it was worldwide issue. Plumb (2011) used an instrument developed by Prest et al. (1999). According to Plumb (2011) the participants were asked to evaluate their education and training in this domain, and were also asked about their perceived abilities, comfort, and competence in working on R/S content with clients. The result of this study, according to the author, suggested that while spirituality mattered in the lives and practices of these professionals, fewer than half of the respondents engaged in integrating spirituality into their practice. Plumb (2011) indicated that about two thirds of those who practiced integration were more comfortable discussing spirituality than religion in therapy. The study by Plumb (2011) likewise showed that feeling comfortable did not equate to being

competent; and that the counselors who were engaged in the integration of spirituality in therapy operated from intrapersonal experiences.

Brian et al. (2012) expressed concerns about lacking a framework to guide clinically relevant instruction in this domain which includes clinical supervision. Basing themselves on the investigations of Bishop et al. (2003) and on their own findings, Brian et al. articulated the following concern about clinical supervision:

These concerns extended into clinical supervision, where supervisees expressed feeling hesitant to discuss questions related to spirituality and experienced supervisors as lacking sufficient training or willingness to discuss these issues within case conceptualizations. (p. 271)

The deficit of R/S integration in therapy where a counselor may be unwilling to include R/S in therapy, or may feel uncomfortable to do so, is a situation that is often blamed on inadequate training, deficient preparation, and insufficient supervision in this domain (Young et al., 2002; Souza, 2002). Supervisors, as well as supervisees, are affected by deficits in this regard (Adams et al., 2015; Carlson et al., 2002; Hathaway et al., 2004). Adams et al. (2015) stated that “religious and spiritual issues continue to be inconsistently addressed in counselor education” (p.44). According to Souza (2002), Walker et al. (2004), and Young et al. (2007) the discrepancies and inconsistencies in counselor education include divergences in methods, approaches, content and style, and gaps in program-structures.

In a survey of 306 university counseling professionals on providing guidance for R/S involvement, Mrdjenovich et al. (2012) found that less than 1% of their respondents had received information/training on R/S integration in clinical practicum/internship. Mrdjenovich et al. believed that these findings support the literature wherein mental health professionals are

historically shown to have received minimal supervised training in spiritual/religious competencies. Despite the abundance of research studies, published materials, texts and books on the topic, counselor educators and clinical supervisors generally see themselves as lacking in the necessary background and training to deal with spiritual and religious matters effectively in counseling or supervision (Hall et al., 2016). The same inertia is lamented in the findings of Aten (2007), Boyer et al. (2007), Aten and Hernandez (2004), and Miller (2006).

The Need to Have Guidelines and Standards for Healthy R/S Integration

The explorative studies and surveys on the challenges of R/S integration in therapy and in counselor education yielded the fruit of discerning the need for guidelines and standards for the project to be carried out in a professional and ethical manner (Hefti, 2011). The interest and enthusiasm generated by numerous publications, and research studies is distilling into a more rigorous search for guidance, standards, strategies, and andragogy to transfer research findings on R/S integration into clinical training and practice (Park et al., 2017). According to Miranti (2021), the ASERVIC was chartered at the 1974 New Orleans American Personnel and Guidance Association (APGA) convention as a Division within the parent-body — the American Counseling Association (ACA) with a commitment to the integration of spiritual, ethical and religious values in the counseling process, and to the overall development of the person. ASERVIC (2021) in a post on its website stated, “Through research and practice, ASERVIC empowers and enables the exploration, development, and expression of spiritual, ethical, and religious values relating to the person, society, and counseling professional” (ASERVIC Website: Welcome section).

Similar bodies exist outside the U. S. In Canada, the Spirituality in Counseling Chapter of its parent Association, (the Canadian Counseling and Psychotherapy Association) declared in its

mission statement (2021) that their commitment is “to offer a sacred space to our clients while listening to their story and to value compassion, empathy and respect to all people.” In Australia, Hood (2012) discussed the Biblical Counseling of Australia (BCA) as “an Australian network over 1200 Christian pastors, chaplains, counselors, university staff workers, psychologists, doctors and more, pursuing biblical counseling and discipleship” (para. 1). In the United Kingdom, the Association of Christian Counselors, (ACC) of U.K., in their mission statement (2021) stated among other things that they encourage exploration of psychological and theological insights into wellbeing and growth.

In their mission statements, these associations affirm their commitment to encourage, to promote and to offer guidelines in some specialized area of counseling and psychotherapy. Cashwell and Young (2011), W. Miller (1999), G. Miller (2003), Pargament (2013), Shafranske (1996), Watts (2015), and Park et al. (2017) have published materials either through the American Counseling Association or through the American Psychological Association to provide guidance to competent practice in R/S integration. Cashwell and Young (2011), W. Miller (1999), and G. Miller (2003) have shown that the training and supervision of counselors in R/S competencies has received some attention in written works. These works target counselor educators and some of them are written specifically as handbooks for guiding training in ASERVIC’s competencies for addressing spiritual and religious issues in counseling and supervision, with contributions from experts in the field.

However, Aten and Hernandez (2004) also indicate that most counselor education programs have yet to integrate R/S competencies into their programs. For instance, Aten and Hernandez (2004) observed that, “Despite the increased interest in and acceptance of religion by many psychologists and the American Psychological Association, it still appears that very few

supervisees receive the proper training and supervision necessary to competently address religion in therapy” (p. 152).

Standards Set by Professional Associations

The professional organizations/accrediting bodies, for their part, have shown a positive attitude to the integration of R/S in counselor training, reflected in the various approvals of R/S input in Counselor Education programs, and the standardization of the requisite competencies in this domain (Briggs & Rayle, 2005; Burke et al., 1999). The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) published its most recent accreditation standards in 2016. The new accreditation standards demonstrate how religion and spirituality have not been folded into standards relating to social and cultural issues. Within standards relating to social cultural issues, various forms of diversity are addressed including “racial, ethnic, and cultural heritage; socioeconomic status; age; gender; sexual orientation; and religious and spiritual beliefs, as well as physical, emotional, and mental abilities” (CACREP, 2016, p. 46).

Underscoring the standards for professional counseling orientation and ethical practice, CACREP’s accreditation standards require that, counselor education programs, document where the recommended standards are covered in their curriculum, including a section on *Social and Cultural Diversity*, which incorporates “the impact of spiritual beliefs on clients’ and counselors’ worldviews” (p. 11). Elsewhere in accreditation standards “the role of wellness and spirituality in the addiction recovery process” is recognized (CACREP, 2016, p. 20), thus re-echoing what has already been established in the literature about positive role spirituality in mental health (Koenig 2012).

The American Counseling Association (ACA) Code of Ethics (2014) requires professional counselors to be multiculturally sensitive, skilled, and competent in handling client's issues. The code of ethics states that "Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law" (ACA Code of Ethics, 2014, C 5: Non-Discrimination).

The ACA has also encouraged the publication of texts by experts in the field, workshops, and conferences, to guide how the spiritual/religious competencies required in therapy can be successfully integrated into counseling training and clinical work in ethical and respectful ways that value client beliefs and practices. An example of the efforts of the ACA to help with teaching materials related to the integration of spirituality and religion into counseling is a book coauthored by prominent scholars and edited by Cashwell and Young (2011/2020). It is designed to initiate counselors-in-training and clinicians into the knowledge base and requisite skills for broaching the competencies in the R/S domain. The ASERVIC has given the guidelines regarding the nature of the implementation of their religious and spiritual competencies. The full text of these spiritual and religious competencies in counseling and psychotherapy is provided in Appendix D.

The Search for Strategies for R/S Integration in Counselor Training and Supervision

Parker (2009) has suggested the use of the faith development model. Parker's proposal is a reflection on the faith developmental stages theory proposed by Fowler (1981). This proposal is an attempt and a hint at the possibility of researching into the usefulness of Fowler's theory of the stages of faith for integrating R/S in supervision. While this model may be useful in assessing

supervisees and clients' stages of faith development, and how this may impact the supervisory or counseling trajectory, Parker does not explicitly address how ASERVIC's spiritual competencies could be acquired and/or evaluated using his faith development model of R/S integration.

Another suggestion was made by Ripley et al. (2007) who proposed combining of Kohlberg's (1981) stages of moral development with Fowler's (1981) theory of stages of faith development to build a strategy of supervision that correlates supervisees' religious development in their work with clients. This proposal suggested that the more the supervisees are spiritually developed in stages, the more likely they would freely deal with the R/S issues of their clients. Gallo (2014) indicated that "in the fifth and sixth stages, supervisees become ready to engage in meaningful, non-defensive discussions with clients whose backgrounds are different than their own" (p. 10). Ripley et al. (2007) did not elaborate on training in ASERVIC's themes of spiritual competencies, nor did they indicate how the spiritual competencies development of supervisees would be evaluated or assessed in the process of training.

Polanski (2003) wrote a theoretical paper on how to use Bernard's (1997) discrimination model of supervision to address spiritual and religious issues in supervision. Polanski showed how a supervisor might use each of the foci in the discrimination model to leverage a spiritual input aimed at giving the supervisee information and spiritual formation intervention skills, spiritual conceptualization skills, as well as spiritual personalization skills. Polanski argued that the advantage of using this strategy stems from the fact that it takes care of deficits that may not have been provided to the counselor in classroom preparation. Polanski acknowledged the need for more significant input of spirituality in supervision because supervision is an important component in counselor education.

Aten and Hernandez (2004) created a model on how to address spiritual and religious concerns in supervision. Aten and Hernandez identified eight domains in Stoltenberg and Delworth's (1987) integrated development model (IDM) of counselor training that included (a) intervention skills, (b) assessment techniques, (c) interpersonal assessment, (d) client conceptualization, (e) individual differences, (f) theoretical orientation, (g) treatment plans and goals, and (h) professional ethics. From these domains Aten and Hernandez endeavored to create supervisory avenues to facilitate spiritual competencies through collaboration with the supervisees and through appropriate alignment of these domains to their (supervisees') spirituality and worldviews. Aten and Hernandez remarked that there was need for more research on this topic from the perspective of supervisors as well as from the perspective of counselors in training. Aten and Hernandez likewise pointed out that future researchers should consider quantitative and qualitative inquiries on the ways in which religion is addressed in supervisory context, and they stated:

Overall, there is a need for more research on this topic, from both the supervisor and the supervisee perspective. Future researchers should consider quantitative and qualitative inquiries on the ways religion is addressed in supervisory context . . . Likewise, qualitative analysis could be used to investigate how supervisors integrate psychological theory and practice with religion. Areas of competence for supervisors, in regard to working with religion, also need to be outlined in the literature. (p. 159)

Aten and Hernandez (2004) indicated that the search for a suitable strategy for teaching of R/S competencies in counselor education institutes begins with ascertaining the status of the integration of these competencies in training programs, as reflected in their documents. Allen-Wilson (2016) opined that it is expected that programs designed for educational experiences in

cultural competency need to consider R/S diversity along with other areas of diversity such as culture, ethnicity, and gender as key components of sensitive multicultural training.

Nnadozie (2019) discussed the status of the implementation of the R/S competencies gleaned from the syllabi of internship and practicum courses from 93 counselor education programs. Nnadozie (2019) responded the recommendation made by Aten and Hernandez (2004) who called for ascertaining suitable andragogic strategies to include the R/S competences in counselor training programs. Nnadozie set out to determine how counselor training programs might be infusing the ASERVIC R/S competencies in their counselor supervision courses. To glean this information, he reviewed syllabi for clinical courses from 93 counselor training programs in the United States.

Nnadozie's (2019) research design was inspired by Arafah (2015). Arafah suggested that "documents such as syllabi provide evidence of the intended curriculum through their representation of what was designed, planned and communicated to students" (p. 3). Arafah further indicated that syllabi provide where, and to what degree, particular curricula outcomes – here professional standards – are evident in a proposed curriculum (p. 5). Arafah argued that practicum and supervision syllabi provide documented information and evidence of program content, methods of instruction and evaluation regarding that area of clinical training. Additionally, document analysis refers to "a research tool for collecting, reviewing, interrogating, and analyzing various forms of written text as a primary source of research data." (O'Leary 2017, p. 272).

Nnadozie (2019) examined each syllabus for the inclusion or exclusion of the R/S competencies. The results indicated that only 12.8% of the ASERVIC R/S competencies were indicated on the syllabi for clinical supervision courses. However, Nnadozie (2019) noted that

most of the programs had integrated some aspect of R/S in areas dealing with multiculturalism. In these areas, there tended to only be a focus on describing the differences between spirituality and religion. Nnadozie pointed out that the syllabi did not explicitly indicate how these competencies impacted the processes of integrating R/S issues in counseling. Nnadozie also noted that when syllabi did include references to the ASERVIC R/S standards, but the development of related skills were not noted as a part of course objectives. Table 1 shows the frequencies and percentages of the ASERVIC R/S competences and their related standards.

Table 1*Frequencies and Percentages of the ASERVIC R/S Competencies and Related Standards*

Religious and Spiritual Competency Areas and Related Standards	Frequency <i>n</i>	Percent %
Culture and Worldview		
Differences	7	7.5%
Beliefs	60	64.5%
Counselor Self-Awareness		
Exploration	8	8.6%
Influence	20	21.5%
Limitations	12	12.9%
Human and Spiritual Development		
Models	12	12.9%
Spiritual/Religious Development	23	24.7%
Communication		
Acceptance and Sensitivity	3	3.2%
Use Spiritual/Religious Concepts	3	3.2%
Recognition of Spiritual/Religious Themes	5	5.3%
Assessment		
Intake	14	15%
Assessment Process	14	15%
Diagnosis and Treatment		
Client's Spiritual/Religious Perspectives	7	7.5%
Goals	6	6.4%
Therapeutic techniques	6	6.4%
Spiritual/Religious Practices as Techniques	6	6.4%
Application of Evidence-Based Research		
Inclusion of Evidence-Based Texts	9	9.6%
Inclusion of R/S Practices	3	3.2%
Evaluation		
Inclusion of R/S Competencies in the Evaluation and Grading	8	8.6%

Note. To the right-hand side of the table, the frequencies, and percentages of the competencies and their respective standards are reported.

While Nnadozie (2019) did a detailed analysis of what he found on the syllabi that were reviewed For the purposes of this review, only a few key highlights will be discussed. First, a majority of syllabi (64.6%) indicated they addressed the competency of cultural worldview. Specifically, under cultural worldview the standard most included on the syllabi was about beliefs. Second, 24.7% of programs noted the competency area human growth and spiritual development. More specifically, under this area was the inclusion of the topic related to spiritual and religious development. Lastly, 21.5% of syllabi indicated that the competency area of counselor awareness was address. For this competence, the standard relating to the influence of counselor's awareness was noted most frequently.

Nnadozie's (2019) findings in this study are supported by the evidence of other studies that have pointed out deficits in R/S competencies input in training programs (e.g., Adams et al., 2015; Souza, 2002; Walker et al., 2004; Young et al., 2007). The literature shows deficits in the area of using and incorporating evidence-based research materials in effecting R/S integration in the context of supervision and practicum training (Mohandas (2008). Koenig (2012) indicated that studies abound that show that R/S practices serve as a life-enhancing factor. Fredrickson (2000), in addition, illustrated with scientific evidence how positive emotions help in boosting people's positive emotions and wellbeing.

In Nnadozie's (2019) study, the area of evaluation and grading with only 4% frequency in the syllabi stood out among the weakest features of the studied documents. Arafah (2016) has shown that it would be impossible to know if students are receiving appropriate topic coverage or skill practice, if specific attention is not given to the content, tasks and assessments that support the expected outcomes of syllabi and the curriculum of programs. In the light of Arafah's (2016) remarks, the deficit in this domain in the documents studied raises the question of how

the development of R/S skills and competencies were being monitored and evaluated in view of their being realized in the pertinent programs.

Bernard and Goodyear (2019) regarded evaluation as a formative, summative, and self-assessment exercise. “Viewed as the nucleus of clinical supervision” evaluation was considered by Bernard and Goodyear (2019) as integral to the acquisition of the requisite competencies (p. 222). CACREP (2016) stated that “assessment of students’ knowledge, skills, and professional disposition is integral” (p. 18). For the process of assessment is geared to have utility and effectiveness beyond the formal training context — “to assist supervisees in establishing a habit of self-scrutiny and reflection that will follow them into their professional careers” (Bernard & Goodyear, 2019, p. 236). Scallon (2004) argued that an evaluation methodology is required to track the progression of the learner from what they can produce autonomously. The overall goal of protecting the health of the public is stated by Foster (2012) as the reason for standardizing and credentialing the competencies by the accrediting bodies so that with suitable evaluation and verification processes the competencies of counselors can be ascertained. R/S competencies training strategies would need to have suitable evaluation mechanisms incorporated in them.

Nnadozie (2019) noted that his observations of the content of syllabi may not be the best way to measure the presence or absence of R/S competencies in a training program. Krause et al. (2015) stated “there are no defined standards that directly address quality of competency-based courses” (problem statement section). In other words, there may be more definite ways of learning how these R/S competencies are being accomplished and accounted for in clinical supervision courses beyond the syllabi. Young et al. (2002) indicated when they observed that “obtaining information directly from a variety of program faculty and students would yield firsthand information regarding what counselors-in-training are learning about the competencies

under investigation” (p. 30). However, CACREP (2016) requires that “counselor education programs must document where each of the lettered standards is covered in the curriculum” (p.10).

Summary

Dissenting Voices Against the Integration of Religion/Spirituality in the Literature

Freud (1927/1990), Ellis (1980), Watters (1987, 1992), and Yalom (2010) rejected religion and did not favor the inclusion of R/S in therapy and training. Their objections were based on (a) a rejection of God who they regarded as an illusion (Freud, 1927/1964), (b) a theory of religion as a form of neurosis (Freud, 1913/1990), (c) a reduction of faith to an infantile clutch (Freud, 1930/2010), (d) a claimed causal relationship between religion and emotional mental illness (Ellis, 1980), (e) the claim that death anxiety is the mother of all religions (Yalom, 2010), and (f) the claim that Christianity had an unhealthy influence on individual’s human development in the domains of self-esteem, sexuality and social interactions (Watters, 1987, 1992).

The ideas and claims enunciated above, about God, and about religion by the scholars who rejected God and religion (Ellis 1980, Freud 1927/1964, Watters 1987, and Yalom 2010) have been debunked in the literature (James, 1917/1974; Koenig, 2012). James (1917/1974) affirmed that the knowledge of God is not a sensory illusion, rather, the divine presence is known through experience. In the *Varieties of Religious Experience*, James (1917/1974) stated:

In the literature, the turning to a higher plane is a distinct act of consciousness . . . It is a perfectly calm, sane, sound, rational, common-sense shifting of consciousness from the phenomenon of sense-perception to the phenomena of seership, from the thought of self to a distinctively higher realm. (p. 491)

In a summary of investigations into the effects of R/S on mental health, physical health, and health behaviors, Koenig (2012) summed up his findings from numerous quantitative studies in the following statement:

A large volume of research shows that people who are more R/S have better mental health and adapt more quickly to health problems compared to those who are less R/S. These possible benefits to mental health and well-being have physiological consequences that impact physical health, affect the risk of disease, and influence response to treatment. In this paper I have reviewed and summarized hundreds of quantitative original data-based research reports examining relationships between R/S and health. These reports have been published in peer-reviewed journals in medicine, nursing, social work, rehabilitation, social sciences, counseling, psychology, psychiatry, public health, demography, economics, and religion. The majority of studies report significant relationships between R/S and better health. (p. 15)

In explaining the relationship between R/S and mental health, Koenig (2012) showed how R/S provided people with (a) an ability to cope with stress, (b) strong beliefs that give meaning to difficult life circumstances, (c) an optimistic worldview, (d) satisfying answers to existential questions, (e) rules and regulations about how to live well, (f) an emphasis on love, compassion and altruistic acts, and (g) the practice of virtues (p. 8). In spite of the beliefs of those who objected to the inclusion of R/S in counseling or psychotherapy, Koenig (2004) noted that:

Even before the year 2000, more than 700 studies examined the relation between religion, well-being, and mental health. Instead of documenting neurosis, nearly 500 of those studies demonstrated a significant positive association with better mental health, greater

well-being or lower substance abuse. This included a number of randomized, clinical trials involving treatments for depression, anxiety, and bereavement, with the majority finding that religious therapies have faster results than secular therapies in religious patients. (p. 1195)

Koenig (2004) suggested that religion may not be reduced to a neurosis – which is a functional disorder in which feelings of anxiety, obsessional thoughts, compulsive acts, and physical complaints dominate the personality without any objective evidence of disease. Koenig (2004) argued that the data of research do not support the claims that religion or spirituality, in and of itself, produces neurosis, infantilism or mental illness. Rather, numerous research studies show that R/S is therapeutic in situations where people feel anxiety, depression, bereavement, and even compulsions.

Koenig (2012) was quite aware that though some people may use religion in negative ways, yet “on the balance, it is generally associated with greater well-being, improved coping with stress, and better mental health” (p. 8). Streng (2021) described the awareness of a power at work at the core of the personal lives of those who live out R/S, and in whom these transformative effects are realized as the consciousness of a sacred (divine or transcendent) being. The change that comes from the impact of R/S was a recurrent theme in the writings of Allport (1957), Adler (1932), Jung (1935, 1937), Maslow (1964a, 1969), Frankl (1975, 1984), and has remained so with many contemporary mental health professionals and writers (e.g., Cashwell and Young, 2021; Koenig, 2012; Miller, 1999, 2003; Watts, 2013, 2015).

Religion, in and of itself, from the literature review, is not an infantile clutch, and does not cripple people’s development (Koenig, 2012). Rather, positive use of religion promotes human development to its highest and optimal forms (Maslow, 1970). Scholars like Allport

(1950/1967) observed that “many personalities attain a religious view of life without suffering arrested development and without self-deception” (p. viii). Striving for perfection (to be God-like) in the context of social interest and community spirit is what propels people to the peak of excellence, as Adler (1932/2010) saw it. High-level human development bears the marks of a higher life (i.e., spiritual life – which is less a thing of the world). As Maslow (1970) stated:

The peak-experiencer becomes more loving, and more accepting, and so becomes more spontaneous, and honest and innocent. He becomes less an object, less a thing, less a thing of the world living under the physical laws of the world, and he becomes a psyche, more a person, more subject to the psychological laws, especially the laws of what people have called the “higher life.” (p. 67)

Ellis (1980) claimed that there is a causal relationship between religion and emotional mental illness has been discredited by numerous research studies in the literature that have shown a correlation between R/S and general well-being, including sound mental health (e.g., as mentioned above, in the report of Koenig (2012, 2014). Fredrickson (2002), Fry (2000), Green and Elliot (2010), Mueller et. al (2001), Pargament (2007), and Pargament et al. (2013) have demonstrated that R/S is rather correlated to increased sense of meaning, purpose, resilience, satisfaction, and happiness. Hofmann et al. (2010) demonstrated the effectiveness of spiritually rooted interventions like mindfulness, meditation, acceptance, and commitment therapy, as well as spiritually informed cognitive-behavioral therapies in the treatment of depression and anxiety. Only extrinsic religious thrust and negative religious coping had positive association with high incidence of depressive symptoms (Mohandas, 2008).

The claim that death anxiety is the mother of all religions is not supported: neither by experience (Maslow, 1964/1994) nor by science (Lehto & Stein, 2009; Tomas-Sabado & Limonero, 2006). For Maslow (1964/1994):

The very beginning, the intrinsic core, the essence, the universal nucleus of every known high religion has been the private, lonely personal illumination, revelation or ecstasy of some acutely sensitive prophet or seer . . . subsumed under the head of “peak experiences” or “ecstasies” or “transcendent” experiences. (p. 19)

Elsewhere, Maslow (1993) indicated that those who have attained high enough transcendence in reach peak-experience, do not fear death because they have been “reconciled with the necessity of death, pain, etc.” for they have learned to move beyond living for survival to live for values, and to reach the full development of their potentialities (p. 261).

Discernible Anthro-Psychological Imperatives for Integration

From the perspective of the relevant personality theories presented, the integration of R/S into mental healthcare delivery and its corresponding training appears to be based on specific sets of beliefs about the nature of human beings. For example, Adler (1956), James (1902/1929), and Jung (1939/2014), theorized, regarding the nature of the person, that the human person is by *nature* composed of body, mind, and spirit; and that only a holistic approach to individuals, addresses them as whole persons in therapy, without reducing them to psychological constructs.

Allport (1955) and Frankl (1975) showed, from the perspective of personality structure that a spiritual domain or noetic dimension is present to the structure of the human personality through which people exercise freedom, responsibility, and the will to seek and find meaning and purpose in their lives. Frankl (1984) premised the discovery of one’s personal meaning and

values in life, especially in the face of the existential issues and questions regarding one's existence, on the noetic or spiritual part of the person.

Adler (1956), Ansbacher and Ansbacher (1956), and Stein (1996) have pointed out that, in the process and dynamics of human growth, striving for significance and for perfection plays an important role in directing that process from a felt minus to an imagined plus. Adler (1956) maintained that the process of striving involved among other things, being motivated in striving by love, by community feeling, and by social interest which entails a spiritual commitment that involves going beyond oneself in work, in love, and service for others.

Jung (1958/2005) indicated that religion fosters an essential stabilizing function which the psyche needs at its core-center to maintain equilibrium and stability in the process of individuation and in the moments of crisis. For Jung, religion also serves as a guide for the elderly to closure and meaning to the final segment of their lives. Maslow (1954/1970), showed that for individuals to reach the optimal development of their personality, they would require self-transcendence (often understood in transpersonal terms to include the Divine or the Absolute).

Discernible Trends in the Principles of Integration of R/S in Counseling and Training

Kopp (1972) indicated that R/S integration was in response to the existential conditions and needs of the people who experienced it as relevant and helpful to their situations. Deleanu (1992), Fukuyama et al. (1999), and Kramer et al. (2002) showed that the process of R/S integration closely followed the anthropologies, the various therapeutic philosophies, and the epistemologies in vogue in their various epochs and cultures.

Adler (1932/2010), Allport (1950/1967), Frankl (1975), Jung (1958/2005), and Maslow (1954/1970), provided an understanding of the indivisible unity in the human person between the

physical, the psychological and the spiritual dimensions of the person. In their theories they pointed out the development of the person is in the direction of attaining greater unity of the total personality. Finally, Koenig (2012) indicated that R/S integration followed the evolving ethical and moral principles as they were understood in the profession at different epochs.

The Challenge of R/S Integration in Clinical Supervision

The multicultural movement in counseling poses a challenge to the way counselors perceive their roles and the types of competencies they need in order to accomplish their work in a diverse society (D'Andrea & Daniels, 2006). That challenge is more acutely felt in clinical supervision in training counselors (Miller et al., 2006; Russell & Yarhouse, 2006). The literature suggests that a major challenge in the task of supervision in general lies in raising counselor self-efficacy (Durham, 2019) to go from theoretical knowledge to its practical application in counseling practice (Angus & Kagan, 2007).

The theory-to-practice gap narrated by Durham (2019) and others like Brownson et al. (2012), Dobson and Beshai (2013), and Shafran et al. (2009), is targeted in the integration of R/S in clinical supervision, where Polanski (2003) suggested that supervisors “provide opportunities to address any deficits” in this regard (p. 134). Aten and Hernandez (2004), Parker (2009), Polanski (2003), and Ripley et al. (2007) have suggested ways to integrate and transit from R/S theoretical knowledge to its practical application in supervision.

These studies approached R/S integration in supervision from already established spiritual/religious developmental theories (e.g., Fowler, 1981, Faith Development Model; Kohlberg's Moral Development Model, 1981) and from some counseling supervision models (e.g., Bernard, 1997, Discrimination Model; Stoltenberg and Delworth, 1987, Integrated Developmental Model). The assumption in the use of the above-mentioned theories is that if the

supervisees attained a certain level of moral/spiritual development, supervisees would feel comfortable dealing with religious and spiritual issues in therapy (Plumb, 2011).

There are, at least, two problems with this assumption. The first problem is that there is the assumption that feeling comfortable equates with being competent. Secondly, there is the danger that the counselor might be doing integration mainly from his/her own intra-personal experience. Both assumptions are problematic. Spiritual development alone does not guarantee R/S competencies, without the requisite training (Plumb, 2011); and improvisation may unintentionally lead to the ethical issue of imposing one's own spirituality on another (Plumb, 2011).

Chapter 3

Methodology

This chapter includes an overview of this study's research paradigm and its underlying theoretical assumptions about the world: about existence (a way of being), about knowledge (a way of understanding), and about values and a method of practical action (a way of doing things or intervening). Participant information, methods of data collection, analysis procedures, and the intended product of the inquiry are also discussed in this chapter. Thus, the task of this chapter lies in identifying its methodology for the project of exploring a dynamic process of integrating R/S competencies in clinical supervision.

Research Paradigm

In the opening chapter of his text, Patton (2015) basing himself on Willis' (1998) West African symbol of wisdom (the "wisdom knot"), acknowledged that "a wise person has the capacity to select the best means to achieve a goal" (p. 2). Applying that wisdom to the choice of a research framework, Patton (2015) declared that researchers select from several worldviews, the best methods and designs "to achieve a particular research or evaluation purpose" (p. 3). The choice of a research framework, according to Bloomberg and Volpe (2019) is "tied to research problem and purpose" (p. 38); and Patton (2015) lays out further details on the idea of problem and purpose of a study in terms of its nature or inquiry focus. The personal interest or passion of the researcher, the nature of the guiding question, the nature of the data sought, the available resources to the researcher, and the criteria that will be used to judge the findings are all part of what Patton (2015) considers to be the problem and purpose of a study. Bloomberg and Volpe (2019) include other factors in the choice of a methodology for a research study, namely the philosophical and methodological underpinnings of a research framework, the social context of

the study, the degree of interaction between researcher and participants in the research, the role of participants in the research study, the data collection methods to be adopted for the study, the unit of analysis in the study, the data analysis strategies, and modes of presentation for the study (p. 49).

Patton (2015) defined all these characteristics which determine a researcher's choice of a research-study framework as a paradigm or a worldview i.e., "a way of thinking about and making sense of the complexities of the real world" (p. 89). Creswell and Poth (2018) describe these characteristics as a set of beliefs and interpretative frameworks through which researchers view their study. Earlier on, Kuhn (1962) had thought of a paradigm as the underlying assumptions and intellectual structure upon which research and development in a field of inquiry is based. Thus, putting together the ideas of Creswell and Poth (2018), Kuhn (1962), and Patton (2015), about a research paradigm, it can be described, therefore, as a set of beliefs (Creswell & Poth, 2018) or worldview (Patton, 2015) which contain the underlying assumptions (Kuhn, 1962) or the way of thinking (i.e., interpretative lens or framework, Creswell & Poth, 2018) through which researchers make sense of their investigations or make knowledge claims about their investigations of the complexities of the real world (Patton, 2015).

Creswell and Poth (2018) indicated that researchers usually choose a paradigm that provides them with "a basic set of beliefs" that guides their research (p. 325). Bloomberg and Volpe (2019) indicated that these sets of beliefs, worldviews or paradigms adopt certain knowledge claims (p. 44), i.e., "certain assumptions about what the researcher will learn during the inquiry, and how he or she will learn" (p. 44). According to Creswell and Poth (2018) these assumptions are understood as the researcher's (a) guiding philosophy about the nature of reality or view of existence (i.e., ontology), (b) conceptualization of how we come to know things, or

the nature of knowledge (i.e., epistemology), (c) values and the theory of values espoused by the researcher (i.e., axiology), and (d) procedures used in the study i.e., methodology (pp. 16-18). Zapata (2010) adds another feature which is a type of narrative or the chosen style of persuasion employed by the researcher.

Creswell (2009), Guba (1990), and Lincoln et al. (2011) held these assumptions, postulations, and methods to be constitutive of a research paradigm, which acts as a basic set of ideas that direct the engagement of researchers in their studies. The basic paradigms or theoretical worldviews in the literature (which may be characterized somewhat differently by different scholars) include (a) positivism/post-positivism, (b) pragmatism, (c) social constructivism and interpretivism, and (d) transformative worldview (Creswell, 2014).

The Positivistic Worldview

Auguste Comte (1798-1857) is considered the founder of Positivism (Bourdeau, 2020; Crotty, 1998). According to Kaboub (2008) positivism became a scientific worldview following Comte's rejection of metaphysical and theological knowledge because they were not based on scientific or positive state but on fictions and abstractions. In his law of three stages of human intellectual development, Comte (1998/1830-1842) held that there are three successive stages in the intellectual development of the individual and of society at large. These laws are (a) the theological or imaginative stage is a state wherein the phenomena of nature are explained by recourse to mythological or supernatural causes; (b) the metaphysical or abstract philosophical stage, is state wherein abstract or metaphysical principles replace theological formulations and explanations; and (c) Comte's positive stage is the phase of intellectual development in which "man has come of age, and searches for scientific explanations by means of laws which are sufficient to explain all phenomena that appear to us" (Horrigan, 2012, p. 3).

Kaboub (2008) maintained that the ascendance of positivism as a philosophical paradigm, came from Comte's (1822) positivist assertion that only scientific (or positive) knowledge can reveal the truth about reality. Kaboub reported that Comte (1822) insisted that in order for intellectual disciplines to arrive at, and embrace the scientific or positive method of inquiry, they must surpass the mythical and abstract ways of the earlier stages of intellectual development. The positivist worldview is often referred to as the "scientific method," or "empirical science" (Bloomberg & Volpe, 2019, p. 44).

Using Creswell and Poth's (2018) criteria for understanding paradigms, the main tenets of positivism could be said to consist of several things described in the following narrative. An ontology that maintains that reality exists independently of our experience, and that "it can be understood, identified, and measured" which naturally permits causal explanations and in a predictive framework, showing the objective reality in the external world (Park et al., 2020, p. 691).

An epistemology that holds that reality is knowable through scientific investigation that employs such methods as careful observation, accurate measurement, and recording of experience, data collection, hypothesis formulation, hypothesis testing or experimentation, deductive data analysis, and the formulation of a theory that explains the causal relationship between the independent and dependent variables (Rehman & Alharthi, 2016, p. 54). In this way the positivists uphold that direct observation and logical inferences yield all knowledge, and they aim to explain, predict, and control reality through careful hypothesis building, experimentation, and analysis (Cohen et al., 2007).

The positivists contend that research should be value-free, i.e., they claim that they are not influenced by values in their research (Park et al., 2020; Seale, 2000). Commenting on the

implications of the value-free stance of the positivists for the researcher, Park et al. (2020) made the following observation:

Positivism relies heavily on objectivity and so dismisses the importance of individuals' subjective experiences and values — be they the experiences and values of research participants or of the researchers . . . This requires the researcher to stay objective and not interact with participants during data collection. Further, it requires the researcher to not be involved in the experiment (investigation) in any meaningful way. (p. 692)

Patton (2015) has pointed out that in the positivistic paradigm, the quantitative method is used by researchers wherein they collect quantitative data in a detached manner through valid and reliable surveys, tests, and statistical indicators obtained through random probabilistic samples to achieve representativeness and high internal validity. Positivist researchers conducting quantitative studies typically use standardized instruments, through which they determine and measure, central tendencies and variations statistically, thus arriving at conclusions using deductive methods (Mukherji & Albon, 2014).

Ponterotto (2005) depicted the positivist narrative as tending towards the language of quantification, systematization, demonstration, and objectification within the scientific method comprising of “systematic observation and description of phenomena contextualized within a model or theory,” involving “the presentation of hypotheses, . . . controlled experimental study, the use of inferential statistics . . . and the interpretation of statistical results” (p. 128). Park, et al., (2020) described the positivist methodology as empirically oriented, with emphasis on doing research typically in settings that permit the control of variables and the manipulation of and experimental data, with the aim of verifying the truth of a hypothesized theory. Diesing (1991) summarized the ideals of positivist methodology in the following statements:

This movement approaches science from far above, from the ideal of perfect knowledge . . . Thus, the treatment of testing begins with the idea of complete verification . . . Explanation is defined first as deduction from true, verified laws with all relevant circumstances specified . . . Theory is defined first as a fully axiomatized structure of axioms, postulates, definitions, and theorems . . . Actual sciences are interpreted as approximations to the ideal. (pp. 24-25)

Researchers who use this paradigm seek “to develop relevant true statements that describe the causal relationships of interest” (Creswell, 2014, p. 8). Hence, the standards of internal validity that focuses on causality, and reliability which give stronger confidence in findings are important measures of rigor for this paradigm of research (Park et al., 2020).

In so far as this study relies on in-depth and interactive interviews with participants and qualitative methods of investigation, the positivist worldview in its classic form would not adequately support the epistemic thrust of this research which is based on a constructivist grounded theory epistemology. According to Charmaz (2000) “A constructivist approach to grounded theory reaffirms studying people in their natural setting and redirects qualitative research away from positivism” (p. 510). The positivist lean experimental language of detached objectivity cannot adequately express the expected “rich data” (Charmaz, 2014) and co-constructed “*thick descriptions*” (Geertz, 1973; Ryle, 1971) that would be gathered from the narratives of this constructivist grounded theory investigation (Charmaz, 2014).

Post-Positivist Worldview

According to McGregor and Murnane (2010), post-positivism is an umbrella term devised in the 1960s for a set of paradigmatic assumptions that challenged the ontological and epistemological views of the positivists by post-modern scholars. The challenge to positivism

came mainly from scholars in the fields of anthropology, sociology, critical psychology, ethnography, and feminism, who espoused different worldviews and divergent epistemologies than those hitherto held by the positivists (Ryan, 2006). With the rise of the postmodern era, scholars in the above-mentioned social research fields who were primarily interested to study social and human phenomena began to realize that the ontological and epistemological positions of the positivists were inadequate to investigate social and human realities in their profundity (Hammersley, 2019), for they believed that knowledge of social realities was more than knowledge of mere behavior (Kim, 2017).

Hammersley (2019) and Kim (2017) began to look for alternative ways of doing scientific investigation of human and social phenomena that did not depend on positivist methodology. Out of the search for alternative scientific worldview came the post-positivist movement. For the sake of expediency, Snelgrove (2017) suggests that the term “theoretical perspective” (p. 132) be used to characterize the ensemble of what would otherwise be grouped as separate theories of the different scholars as reflected here in the discussion of those scholars grouped together as post-positivists.

Thus, Hammersley (2019) identified two theoretical perspectives of post-positivism. He described the first type of post-positivism, characterizing it as, “those approaches within social science that have retained central elements of a positivist approach . . . while revising others in light of philosophical criticisms of positivism within the analytic tradition of philosophy” (p.181). The second and more radical type of post-positivism Hammersley (2019) represented as:

A much more diverse field, reflecting in part, the wide variety of philosophical ideas employed” [and] “these included 19th -and 20th-century forms of hermeneutics, Marxism, phenomenology, ethnomethodology, structuralism, post-structuralism, postmodernism,

and most recently ‘new materialism’ and posthumanism (influenced by the work of Deleuze, Latour, Barad, and others). (pp. 181-182)

These post-positivists rejected the positivist concept of science and proposed more suitable paradigms of scientific investigation for doing social inquiry. According to Ryan (2006), the post-positivists notion of research expanded to include the creation of new knowledge with emphasis on meaning, commitment to social reform, and contribution to social justice, rather than focusing simply on verification. For the post-positivists, there are many ways of knowing reality besides using the positivist epistemology (Ryan, 2006). The assumptions of the post-positivist scholars who identify as feminists, or post-structuralists, or critical psychologists, or anthropologists, and or ethnologists are described in the following paragraphs.

The post-positivists viewed reality with critical realism and held that reality especially as it applied to social phenomena was much more complex than the reductionist tendencies of the positivists had admitted (Spretnak, 1999). Challenging the reductionist approach of positivism and pointing out the complex nature of human experience Spretnak (1999) stated: “If there is anything innate in human experience, it is surely the enormously complex dynamics of embodiment and embeddedness in the cosmological web of processes and relationships” (p. 78).

The post-positivists had a co-constructed view of nature, of reality and meaning (Eicher-Catt, 2016); and they regarded social phenomena as products of the interaction of people rather than as objects that could be investigated by the researcher in the same way a physical scientist would study a material object in nature (Hammersley, 2019). For instance, Weber (1949) believed that the study of social reality differed from the study of the phenomena of nature, because social scientists aim at uncovering social phenomena which would include not only people’s behavior but also their intentions and values (p. 76).

Both strands of post-positivism retained “modified objectivism” as a guiding principle (Guba, 1990; Guba & Lincoln, 1994), however, they viewed knowledge as the product of experience, social construction, and rational deductive interpretation. Van der Walt (2015) drawing from the insights of Maree (2008) stated: “post-positivists therefore search for evidence that is valid and reliable in terms of the existence of the phenomenon in question rather than in generalization, and hence not in absolute truth in the form of generalization and laws” (p. 405).

Similarly, Ryan (2006) opined that “we cannot simply aggregate data in order to arrive at an overall truth” (p. 19). Ryan (2006) further stated: “This does not mean, however, that post-positivist researchers do not take a political or moral stand, or that they avoid taking action. But it does mean that they recognize the complexity of the web of life and experience” (p. 19). Young and Ryan (2020) summed up the post-positivist epistemology when they stated: “Within a reality we cannot fully comprehend, knowledge is seen as a current understanding, not a perfect truth” (p. 696).

The post-positivists maintained that since knowledge cannot be separated from personal experience, no knowledge is neutral or value-free, (Bahm 1971; Ryan 2006), and that “all sciences are affected by internal and external values, wittingly or unwittingly” (McGregor & Murnane, 2010, p. 423). Thus, post-positivists upheld and prized the subjective and the rich contributions of research participants, “where value-mediated findings are attainable through dialogic or dialectical methods” (Naidoo, 2011, p. 189).

According to Ryan (2006) the post-positivists argued that reality was complex. Ryan (2006) described their methodical approaches in the following manner:

Post-positivist values in research are not about being either subjective or objective, nor do they prefer subjectivity over objectivity. They emphasize multiplicity and complexity . . .

post-positivist approaches are interpretive . . . seeing the person, experience and knowledge as multiple, relational, and not bounded by reason. (p. 16)

Post-positivists understood that “the most challenging themes and theoretically exciting questions are not reached by the logico-deductive scientific method;” and that on the contrary, “they are reached by a process that resembles artistic imagination.” (Ryan, 2006, p. 17). Young and Ryan (2020) held that the post-positivists retained “multiple stakeholder perspectives” which allowed for “multiple or mixed-method approaches” in the investigation of reality (p. 696). According to these authors (Young & Ryan, 2020) post-positivist studies may include qualitative data.

My research worldview for this study was partially informed by post-positivist trends in ontology and epistemology, which regard social phenomena as the product of interaction, and the process of knowledge as a co-construction, especially as found in grounded theory approaches.

The Pragmatic Worldview

According to McDermid (2006) the Pragmatic worldview has its roots in the philosophical movement that is traced back to William James (1842-1910), C. S. Peirce (1839-1914) and John Dewey (1859-1952). Kaushik and Walsh (2019) indicated that the term pragmatism was originally taken from the Greek word pragma which denotes action, which is the central concept of pragmatism (p. 3). Kaushik and Walsh (2019) suggested that Creswell (2013), and Creswell and Clark (2011) considered pragmatism as “a paradigm that claims to bridge the gap between scientific method and structuralist orientation of older approaches and the naturalistic methods and freewheeling orientation of newer approaches” (p. 2).

Although Morgan (2014) indicated that the idea of engaging in pragmatism as a paradigm for social research is not entirely new (p. 1045), Patton (2015), classified pragmatism as one of

the “emergent research designs” (p. 153) and referred to it as “a thread that runs through the writings of advocates for mixed method” (p. 154). The pragmatist scholars’ ability to offer this paradigm as a platform for doing mixed method social research studies, Morgan (2014) argued, “has heightened the awareness of pragmatism” (p. 1045).

Patton (2015) has observed that the practical side of the pragmatist paradigm has given it its prominence especially amongst scholars interested in simply “asking open-ended questions of people and observing matters of interest in the real-world settings to solve problems, improve programs, or develop policies” (p.154). Nowell (2015), drawing from McCready (2010) insights, observed that the pragmatist mantra which is “‘truth is what works,’ where truth is always considered fallible, provisional, and revisable as it is only considered truth while it works best,” puts the researcher on a continual search to create new knowledge to improve practice (p. 143). By taking pragmatic or intelligent action that works, pragmatic researchers seek to resolve problematic issues by asking questions and choosing responses whose answers “are most likely to have the desired consequences” (Morgan, 2014, p. 1047). This “emphasis on practical usefulness and consequences of ideas and statements,” Nowell (2015) observed, is the common ground of the three notable pragmatic philosophers namely Pierce, James and Dewey (p. 143).

Thus, rather than focus on abstract philosophical theories about the nature of reality, and of knowledge as the hallmark of a research paradigm, as the positivists and the post-positivists do, pragmatists focus on experience (Morgan, 2014), and reject subscribing to any rigid ontological or epistemological theory of reality. Since pragmatists believe that reality is both independent of the mind as well as lodged in the mind (Creswell, 2014), they regard both objectivity and subjectivity as equally important for understanding the nature of human experience (Morgan, 2014). In this regard, Nowell (2015) went further to indicate that: “In

recognizing diverse ways of knowing as legitimate truths, the depth and breadth of these multiple truths can lead us to a greater understanding of larger complex truths” (p. 143).

Suter II and Cormier (2012) accordingly suggest that the pragmatists do not subscribe to the theory that thought just serves the function of describing, representing, and mirroring reality. Instead, according to these authors (Suter II & Cormier, (2012), the pragmatists uphold the idea that thought serves as an instrument for action, and that “the central tenet of pragmatism can be condensed to ‘thinking is for doing’” (p. 181). In this process of knowing, which is actually a reflection on action in order to choose beliefs, there is a constant interaction between thought and actions (i.e., expected consequences) with a focus on the difference that the likely consequence makes. Hence, what could be regarded as the epistemology of the pragmatists is not only that truth is what works, but also the idea that what is true works successfully in the process of the “performative analysis” of the truth talk (Brandom, 1987, p. 77).

Pragmatists believe that their emphasis on doing what works best or what is most expedient makes pragmatism an appropriate paradigm for combining multiple methods of inquiry (Suter II & Cormier, 2012). The pragmatic narrative and rhetoric are characterized by a problem-solving posture and language, which considers thoughts and words as instruments for investigative dialogue, debate, prediction, and action, as reflected in Dewey’s (1938) approach to inquiry.

In social research, pragmatic inquirers accept concepts to be relevant only if they support action, because pragmatism’s central tenet for coming to know reality is through experiences and action (Kaushik & Walsh, 2019). Pragmatic researchers operate with the idea that the research question is the most important determinant of research philosophy. Consequently, pragmatists can integrate whatever research approaches and strategies that help answer the research questions

as efficiently as possible (i.e., they often use mixed methods), fully aware that research studies can take place in all kinds of social, political, historical, or other contexts (Creswell, 2014). In as much as this study is interested in problem-solving action, and especially in what works successfully in R/S integration in clinical supervision, this study may be regarded as having some elements of pragmatism in its outlook.

The Social Constructionist/Interpretivist Worldview

Social constructionism has been described by Hoffman (1990) as part of the movement in postmodernism which “holds that our beliefs about the world are social inventions” (p. 2). Gergen (2004) holds that social constructionism is more properly understood as “a continuously unfolding conversation about the nature of knowledge and our understanding of the world,” than as “a fixed set of principles” (p. 2). Gergen (1985) maintained that a great deal of the way people in a given society live and understand their world is due to the kind of social interactions, conversations, and interpersonal influences that take place in that culture (p. 268). Gergen (1985) viewed discourse about the world not as mirror images or maps of the world, but as creations and “artifacts of communal interchange” (p. 266).

Scholars like Lincoln and Guba (2000), Neuman (2000), Schwandt (2000) have suggested that the basic tenet of social constructionism and interpretivism is that reality is socially, culturally, and historically constructed. Bloomberg and Volpe (2019); and Shaw et al. (2012) argue that social constructionism identifies challenges to some aspects of the positivist and post-positivist views of scientific inquiry as an objective and value-free way to arrive at absolute truth. For the constructionists, as Hoffman (1990) intimated, knowledge evolves, and departing from both the idealist and realist positions, the constructionists hold that “as we move through the world, we build up our ideas about it in conversation with other people” (p. 2).

Denzin and Lincoln (2005) maintained that social constructionism is a paradigm that is typically associated with qualitative research. Researchers who work with social constructionism as a worldview and a research paradigm, share in the understanding that the human reality is complex, different from the natural, physical world, and existing both as objective and subjective reality (Berger & Luckmann, 1991). Drawing on Hibberd (2005) insight, Sremac (2010) pointed out that social constructionism focuses on the human trajectory of meaning-making through the uncovering of meaning, which operates through shared interaction and interpretation, and takes into account “the historicity, the context-dependence, and socio-linguistically constituted character of all matters involving human activity” (p. 10).

Galbin’s (2014) view of social constructionist epistemology describes it as “a theory of knowledge of sociology and communication that examines the development jointly constructed understanding of the world” (p. 82). This understanding agrees with Creswell (2014) depiction of the constructionist theory which holds that people develop subjective meanings of their experiences from many different perspectives as they seek to understand and construct cultural meanings of the world in which they live (and the vicissitudes of their social processes) focusing on certain processes and objects. Gergen (2014) observed that the extent to which a given form of understanding becomes embedded and prevails within a culture depends on the social processes operating within that culture.

Since the concealed meaning of human reality embedded in culture and cultural artifacts demands in-depth interactions with participants and profound reflection on the part of the researcher, to allow that meaning to emerge and to be grasped, as Ponterotto (2005) and Zapata (2010) suggested, that meaning and knowledge can be validly sought and obtained through a hermeneutical approach which is the approach that social constructionist researchers subscribe to

and use in their investigation. Social constructionists view the research process as a search for the meaning and understanding of social reality which is influenced by the researcher, the context of research, and the participants in the study (Lincoln & Guba, 1985). Often, the social constructionists address *process* issues contextually, i.e., in their social, cultural, and historical situations. According to Jorgensen and Phillips (2002) social constructionists' research endeavor consists of getting behind people's everyday perceptions to identify and unmask the taken-for-granted conceptions of social reality, which would be tantamount to a critique of ideology.

Writing on the aim of this strategy the authors (Jorgensen and Phillips (2002) stated:

An important reason why meaning systems are so stable is that many of our understandings of the world are naturalized; that is, we view them not as *understandings* of the world but *as* the world. Therefore, an important discourse analytical aim is to unmask and delineate taken-for-granted, common-sense understandings, transforming them into potential objects of discussion and criticism and, thus, open to change. (p. 178)

Bloomberg and Volpe (2019) indicated that the way that social constructionists achieve their goal is to become immersed in the participants' world with clear positionality, and to interact meaningfully with them in the process of the research, relying as much as possible on participants' view to understand the complexity of the multiple meanings of the situation being investigated (p. 45).

To allow the emergence of an inductively constructed theory, constructivist and interpretivist researchers work with participants to co-create an understanding of the phenomenon under study. The goal of the whole project is to obtain an understanding of the expertise and experience of the participants, with the researcher's experience, values, and background as instruments that shape the process of interpretation. Axiologically speaking,

constructionists acknowledge how their interpretation and understanding of the phenomenon under study flows from their unique personal experiences, cultural milieu, and historical background (Creswell, 2014).

The Transformative Worldview

The transformative worldview is an aggregate of views from different groups of researchers who share the philosophical outlook that reality is held within power relations (Creswell, 2014; Zapata, 2010). According to Mertens (2010b) the transformative ontological assumption postulates that “there are many versions of what is considered to be real” (p. 470) depending on who is speaking and from which perspective or side of the social divide in the society. While Creswell and Poth (2018) present the basic tenet of transformative paradigm, to be the belief that “knowledge is not neutral,” and that knowledge “reflects the power and social relationships within society” (p. 25), Mertens (2010b) suggested that transformants held the notion that there is one reality about which there are multiple opinions (p. 470). The implication of this notion, according to Mertens (2010c), is the epistemological belief that “knowledge is socially and historically situated” (p. 11) and leads to the question of what makes one version of reality acceptable rather than the other. Mertens (2010b) suggested that:

We are led to ask questions such as, “Whose reality is privileged in this context?” “What is the mechanism for challenging perceived realities that sustain oppressive system?” “What are the consequences in terms of who is hurt if we accept multiple versions of reality or if we accept the ‘wrong/privileged’ version?” (pp. 470-471)

Lincoln and Guba (2000) located the problem of the critical theorists and the transformants in the quest “to locate the foundations of truth in specific historical, economic, racial, and social infrastructures of oppression, injustice, and marginalization” (p. 177). Thus, for

Lincoln and Guba (2000) the transformants would accept knowledge that emerged from the historical, economic, racial and social structures and insights from the margins of society, and “knowers are not portrayed as separate from some objective reality but may be cast as unaware actors in such historical realities” (p. 177).

Creswell (2003) and Mertens (2007) acknowledged that the transformative paradigm was a product of the discontent amongst critical theorists, participatory action researchers, Marxists, feminists, and racial and ethnic minority researchers, who felt that the existing dominant paradigms favored white, male, able-bodied perspectives, while disfavoring minority groups. There was a recognition amongst these groups that positivist and post-positivist assumptions and positions did not do justice to socially marginalized groups (Bloomberg & Volpe, 2019; Creswell, 2003). According to Creswell (2003), transformants believed that the positivist and post-positivist narratives imposed structural laws and theories that entrench oppression, suppression, domination, discrimination, marginalization, and alienation in the society, and thus, did not do enough to address social justice concerns.

Mertens (2007) further explained that the transformative paradigm was needed for “examining assumptions that explicitly address power issues, social justice, and cultural complexity throughout the research process” (pp. 212-213). Mertens (2007) clarified,

Research does not necessarily serve the needs of those who have traditionally been excluded from positions of power in the research world, and therefore the potential to further human rights through a research agenda has not been fully realized. (p. 212)

Mertens (2010c) held that the transformants’ epistemological stance, therefore, privileged a close collaborative relationship between the researcher and participants. Mertens (2010c) stated, “Such collaboration facilitates development of research purpose, design, implementation,

and utilization that are culturally appropriate” (p. 13). Mertens (2009) argued that the rationale for using the transformative paradigm rests in (a) ongoing challenges in the world especially regarding social justice issues and the efforts of the researchers who engage with this paradigm to address power imbalances; (b) the need to acknowledge that addressing discrimination, the issues of power, the emancipation and empowerment of the oppressed groups, can play a key role in redressing inequalities; and (c) the evidence of the potential for social change and transformation of the society when researchers and evaluators engage in research that operates within the assumptions of the transformative paradigm.

The Constructivist Worldview

The constructivist paradigm according to Schwandt (1998), designates “a loosely coupled family of methodological and philosophical persuasions . . . proponents of these persuasions share the goal of understanding the complex world of lived experience from the point of view of those who live it” (p. 221). Constructivists share the ontological view that “what we take to be objective knowledge and truth is the result of perspective” (Schwandt, 1998, p. 236). Labonte and Robertson (1996) share the view that constructivists believe that “realities are socially constructed, ungoverned by universal laws,” and that “these realities are local and specific, dependent for their form and content on the persons who hold them” (p. 434). The constructivist epistemology, according to Schwandt (1998), holds that knowledge and truth are created, not discovered by the mind (p. 236). Using a constructivist worldview in a research work, engages the researcher in a methodology that is “hermeneutic, that is interpretive, and dialectic, in that it involves a constant comparison of different interpretations . . . It is a process of iteration, analysis, critique, reiteration, reanalysis, synthesis, and so on” (Labonte & Robertson, 1996, p. 434).

This study seeks to explore the process of developing religious and spiritual competencies in practicum and internship courses using Cheston's (2000) Ways Paradigm as a sensitizing concept. According to Charmaz (2014), "Sensitizing concepts give researchers initial but tentative ideas to pursue, and questions to raise about their topics [thus] . . . sensitizing concepts can provide a place to start inquiry, not to end it" (p. 30). I have opted for the constructivist paradigm as this research study's guiding philosophy to explore the process involved in the development of R/S competencies in supervision/practicum. Within that process of exploration, I sought to have an in-depth understanding of the dynamic process involved in the integrative trajectory; and accordingly generate a theory grounded in the expertise of the participants of the research, and the data of relevant sources.

A pragmatic element has been brought to bear on the main constructivist paradigm, by bringing in Cheston's (2000) ways paradigm of teaching and practice of counseling to the process of the research project to tease the initial questions. Accordingly, I used Cheston's (2000) ideas to create the initial questions to ask, and the preliminary ideas to pursue. Additionally, I also included an aspect of the transformative paradigm to highlight the importance of historical insights and programs' theory in the research (Lincoln & Guba 2000). This enabled me to learn from what the history of the trajectory of integration R/S into therapy and healthcare delivery suggests about its integration in the practicum/supervision program.

Methodological Approach

Creswell and Poth (2018) indicated that the methodology of a research study is framed in terms of the procedures used in the study (p. 18). According to Creswell (2014) the three methodological approaches in research studies are qualitative, quantitative, and mixed methods approaches. This research which was is a study of the development of spiritual competencies in

counseling supervision seeks an appropriate methodological approach amongst the three methodological approaches indicated by Creswell (2014).

The Quantitative Approach

Mertler (2018), reflecting the characterization of quantitative approach by Gay et al. (2009) stated that “quantitative research relies on the collection and analysis of numerical data to describe, explain, predict, or control variables and phenomena of interest” (p. 108). Thus, Creswell (2014) indicated that researchers who use the quantitative approach seek to investigate observable phenomena, using a systematic empirical model for collecting and analyzing numerical data, with a view to examine the relationship among variables, using statistical procedures (p. 4).

The objective of quantitative studies, according to Creswell (2014) is to use theory deductively and place it at the beginning of the proposed study. The goal of conducting quantitative research is to test ideas (to describe, to explain, to make predictions, to compare, or experiment and confirm or refute causal connections among variables via statistical procedures) and through hypothetic-deductive methods under controlled conditions, using large randomly selected samples, and “verifying a theory rather than developing it” (Creswell, 2014, p. 59).

Morris et al. (1999) suggested that the etic perspective characterizes quantitative research approach in the social sciences, wherein researchers adopt the outsider role, and attempt to remain comparativist researchers, who attempt to describe the differences objectively and impartially across cultures in terms of a general standard (p. 781). “Data are collected through a standardized instrument, (i.e., test, survey, and behavior or skill observation checklist)” (Barkman, 2002, p. 9). According to Morris et al. (1999) “emic accounts describe thoughts and

actions primarily in terms of participants' self-understanding — terms that are often culturally and historically bound” (p. 782).

The Qualitative Approach

Qualitative research, according to Teherani et al. (2015) is “the systematic inquiry into social phenomena in natural settings” (p. 669). In clarifying qualitative research further, Teherani et al. (2015) stated “These phenomena can include, but are not limited to, how people experience aspects of their lives, how individual and/or groups behave, how organizations function, and how interactions shape relationships” (p. 669). Creswell (2014) indicated that the characteristics of the qualitative approaches to research which differentiates it from the quantitative approaches.

Creswell (2014) pointed out that qualitative researchers usually gather their data from the natural setting where their participants experience the issue or problem of the phenomenon under investigation. This implies the understanding of the phenomenon under study through the lens of participants. Creswell's position that in qualitative studies the researcher is the key instrument who collects data through documents, observing behavior, or through conducting interviews. And since the phenomenon studied in qualitative research is understood to be holistic and complex, therefore, the researcher is expected to approach them with sensitivity, flexibility, and profundity.

According to Creswell (2014), the qualitative approach uses multiple data collection methods to gather information instead of relying on a single method. Creswell indicated that researchers gather multiple forms of data, e.g., audiovisual data, and data from documents, observations, interviews. In qualitative studies takes the researcher through cycles of iterative processes “building their patterns, categories and themes from bottom up by organizing the data into increasingly more abstract units of information” (Creswell, 2014, p. 186).

According to Creswell (2014) the entire analytical work involved in qualitative studies focuses on learning the meaning found in participants' narratives about the phenomenon under investigation (i.e., the problem or issue in the study) (p. 186). The idea of an emergent design is explained by Creswell as the tentative nature of the qualitative research design wherein changes can occur after initial field work (e.g., the research question, the forms of data collection may be modified, and the sites of investigation may shift). Thus, according to Creswell, the design of a qualitative study "cannot be tightly prescribed" (p. 186).

Creswell (2014) opined that in the qualitative approach to research studies, the investigators usually address the issue of how their own personal background, culture, and experiences "hold potential for shaping their interpretations, such as the themes they advance and the meaning they ascribe to the data" (p. 186). According to Creswell "qualitative researchers try to develop a complex picture of the problem or issue under study" (p. 186). "This involves looking at the phenomenon under study from multiple perspectives, identifying the many factors involved in a situation, and generally sketching the larger picture that emerges" (Creswell, 2014, p. 186).

Generally, the qualitative approach is applied to emerging issues and problems, to suggest viable recommendations, and to aid decision making (Bitsch, 2000). Other areas of application of the qualitative approach according to Bitsch include (a) the description and interpretation of new and not-well researched issues; (b) theory generation, theory development, theory qualification and theory correction; (c) evaluation, policy advice and action research; and (d) research directed at future issues (Bitsch, 2005, p. 76).

According to Denzin and Lincoln (2005), "qualitative research involves an interpretive, naturalistic approach to the world" (p. 3). Teherani et al. (2015) specified that in a qualitative

study, the researcher seeks to understand and organize the meaning discovered in people's experiences: i.e., the meaning in events that are part of their experience; meaning in the reason why those events occur; meaning in the context and the process of those events and meaning in the significance of those events or phenomena for the participants studied (p. 669). As a scientific approach qualitative research leans heavily on the following factors:

- orderly use of interviews (Jamshed, 2014)
- systematic observation (Mays & Pope, 1995)
- systematic collection of data (Austin & Sutton, 2015)
- efficient use of cultural texts and document analysis (Bowen, 2009)
- systematic data analysis and management (Austin & Sutton, 2015)
- positionality i.e., reflection on the researcher's role in the process of the study (Bourke, 2014)
- organized reflections on personal experience (Daher et al., 2017)
- critical pondering on logical relationships among ideas (Maxwell, 1992)
- efficient use of rich and thick descriptions of experiences (Charmaz, 2014; Geertz, 1973)

Griffin and Phoenix (1994) have argued that the qualitative research method is “the only method that can allow in-depth analysis, because it can deal with apparently contradictory data and provide insights into respondents' perspectives that are rendered invisible by quantitative methods” (p. 296).

Research Approach of Choice

The choice regarding which methodological approach to adopt involves a series of tradeoffs, including a consideration about the nature of what is being investigated (Griffin &

Phoenix, 1994; Walle, 1997). According to Bloomberg and Volpe (2019), the quantitative approach is “applied to describe current conditions, investigate relationships, and study cause and effect phenomena” (p. 39). The quantitative approach has also been characterized as emphasizing “quantification in the collection and analysis of data” (Rahman, 2017, p. 105); efficiency, and less time and resource-consuming because of the use of statistical data, (Daniel, 2016), replicability and generalizability of findings to a whole population or a sub-population (Daniel, 2016; Rahman, 2017; Williams, 2007).

However, the qualitative research approach is more concerned with multiple perspectives (Van Maanen, 1979), “involving an interpretative, naturalistic approach to its subject matter” (Denzin & Lincoln, 1994, p. 2). Moreover, the qualitative approach is designed for in-depth investigation, and it is more “suited to deep understanding of a social setting or activity as viewed from the perspective of the research participants” (Bloomberg & Volpe, 2019, p. 38). Accordingly, the qualitative approach furnishes thick descriptions of participants’ feelings, opinions, and experiences, and interprets the meaning of their actions (Denzin, 1989).

In contrast, Morgan (2015) acknowledged that the quantitative approach to research studies is more geared towards testing hypothesis than toward generating new theories in emerging areas. Explaining the difference between the two approaches he stated: “Qualitative research is often summarized as generating hypotheses, while quantitative research tests them” (p. 789). Morgan (2015) used another illustration to the contrast between qualitative studies and quantitative research by charactering qualitative studies as exploratory, and quantitative research as explanatory.

The fact that this research was a study on the emerging issue of the process of developing R/S competencies and integrating them into clinical supervision and practicum, suggests using a

qualitative approach in its execution. This considers the fact that the qualitative approach is more suited to studying emerging areas of investigation (Bitsch, 2000). This study will generate a theory for that process of developing the requisite competencies in R/S integration.

Grounded Theory Research

Bowen (2006) described grounded theory as “a qualitative research approach that uses inductive analysis as a principal technique,” and, further added that, “researchers who embrace this approach often use sensitizing concepts to guide their analysis” (p. 1). Drawing on the insights of Glaser (1978), Padgett (2004), and Patton (2002), Bowen (2006) characterized sensitizing concepts as “interpretive devices and as a starting point for a qualitative study” (p. 2). Charmaz (2003) also referred to sensitizing concepts as “those background ideas that inform the overall research problem,” adding that “sensitizing concepts offer ways of seeing, organizing, and understanding experience . . . Although sensitizing concepts may deepen perception, they provide starting points for building analysis, not ending points for evading it” (p. 259). The grounded theory is examined in this section in its varieties and goals to establish which version of GT is appropriately suited for this study.

A Framework for Qualitative Inquiry

Charmaz (2014) declared that “Grounded theory methods provide a frame for qualitative inquiry and guidelines for conducting it” (p.14). Considering Charmaz’s remark and all the points I have made, thus far, regarding research paradigms, and methodological approaches, vis-à-vis my research theme and objective, I chose grounded theory (GT) as my research method, for it fits the objective of the research; its guiding philosophy; and its methodological approach discussed above. This choice agrees with Charmaz (2014) argument that grounded theory provides a frame for doing a qualitative inquiry. Furthermore, Hussein et al. (2014) suggested

that grounded theory is “unique in its ability to generate concepts by utilizing the logic of constant comparison and frequent memo writing” (p. 4). Charmaz (2014), amplified grounded theory’s ability to generate concepts by adding that grounded theory generates theories that address questions (what, how & why) and the contingent relationships of social life.

According to Locke (2003) “the creative theory building purposes of the approach are broadly appealing to many researchers” (p. viii). According to Harris (2014) what is unique to grounded theory approach is that it is a research method in which a theory, i.e., an explanation for what is happening in the process of the social phenomenon under investigation, develops from the data systematically gathered in the research process. Brusaglioni (2016) indicated that the core process of theorizing or constructing a grounded theory from research data is by iterative comparative analysis through various stages of the coding process. Locke (2003) affirmed that grounded theory is a well-known methodology employed in many research studies, and it has been well received in the research community. Denzin (1997) suggested that grounded theory has been acclaimed as the most dominant model for qualitative research in contemporary social sciences studies. According to Denzin (1994) “the grounded theory perspective is the most widely used qualitative interpretive framework in the social sciences today” (p. 508). La Rossa (2005) indicated that among the different qualitative approaches grounded theory methods (GTM), are the most popular, thus, suggesting a plurality of methods within the grounded theory approach to qualitative research methodology. Charmaz (2014, 2010) expatiates on the plurality of methods within grounded theory. Charmaz (2014) who indicated that grounded theory embodies multiple traditions, stated:

Grounded theory marries two contrasting and competing traditions in sociology as represented by each of its originators: Columbia University positivism and Chicago

school pragmatism and field research. The epistemological assumptions, logic, and systematic approach of grounded theory methods reflect Glaser's rigorous quantitative training at Columbia University with Paul Lazarsfeld . . . Nonetheless, Strauss's Chicago school heritage also pervades the grounded theory method, but in less visible ways. Strauss viewed human beings as active agents in their lives and in their worlds rather than as passive recipients of larger social forces. He assumed that process, not structure, was fundamental to human existence; indeed, human beings created structures through engaging in processes . . . The construction of action was the central problem to address. In short, Strauss brought notions of human agency, emergent processes, social and subjective meanings, problem-solving practices, and open-ended study of action to grounded theory. (pp. 8-9)

Charmaz (2014) explained the plurality of methods in terms of the divergent disciplinary traditions that merged to give rise to grounded theory. According to Charmaz these various disciplinary traditions have, eventually, given form to different styles and methods of doing grounded theory, but they share much the same broad outline of a GT approach to research inquiry, and they offer the tools for building strong evidence within the analysis and for explicating processes.

Versions of Grounded Theory

Grounded theory (GT) was originally founded by Glaser and Strauss (1967) who published their discovery of this methodology in a work entitled *The Discovery of Grounded Theory: Strategies for Qualitative Research* (1967). However, since then, grounded theory has expanded to include at least three other variant versions that include (a) the evolved or Straussian grounded theory, associated with Strauss and Corbin (1990), and demonstrated in their work,

Basics of Qualitative Research: Grounded Theory Procedures and Techniques; (b) the constructivist grounded theory, associated with Bryant and Charmaz (2007); and (c) the feminist grounded theory, associated with Wuest (2000), developed initially for nurses and with the aim of making sure that feminist epistemology was respected in the research community. Affirming the common origin of the various GT theories Tie et al. (2019) stated “Each variant is an extension and development of the original GT by Glaser and Strauss” (p. 2).

Charmaz (2014) insisted that there is a basic foundational unity in the diverse methods of grounded theory such that “diverse researchers can use basic grounded theory strategies such as coding, memo-writing, and sampling for theory development with comparative methods because these strategies are, in many ways, transportable across epistemological and ontological gulfs” (p. 12). Elsewhere, Charmaz (2014) further clarified that although the different versions of grounded theory have different standpoints, “yet we all begin with inductive logic, subject our data to rigorous comparative analysis, aim to develop theoretical analyses, and value grounded theory studies for informing policy and practice” (p. 14).

The Goal of Using Grounded Theory

Bloomberg and Volpe (2019) acknowledged that the common goal of all the different brands of grounded theory (GT) is to work towards the generation of a theory grounded on research data when they stated “The purpose of grounded theory is to inductively generate theory that is grounded in, or emerges from, the data” (p. 55). Charmaz (2014), however, adds a note of caution regarding the emergent narrative. She submitted that “in the original grounded theory texts, Glaser and Strauss talk about discovering theory as emerging from data separate from the scientific observer” (p. 17). However, Charmaz (2014) indicated that the matter is more complex

than just discovering what is given in the data or in the analysis of the data. According to Charmaz (2014), in the constructivist version of grounded theory,

Neither data nor theories are discovered either as given in the data or the analysis ... [rather], we construct our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices. [because] we are part of the world we study, and the data we collect, and the analyses we produce.” (p. 17)

Charmaz’s (2014) position moves the researcher beyond a purely descriptive and analytic function to situate him in the position of one who creatively constructs with the data and materials he has received. Bloomberg and Volpe (2019) drew from the ideas of Corbin and Strauss (2015), and shared that the aim of grounded theory is “to move beyond description to have the researcher to generate or discover a theory of a process, an action, or an interaction grounded in the views of the research participants” (p. 55).

According to Charmaz (2010) in grounded theory, emphasis is placed on the (a) steps and procedures for collecting and analyzing data, (b) use of comparative methods, (c) use of theoretical sampling, (d) simultaneous iterative collection and analysis of data, (e) use of open-ended interviews, (f) data use to develop conceptual categories, (g) development of categories through inductive data analysis, (h) construction rather than description of current theories, (i) search for variation in studied categories or process, and (j) emphasis on analyzing actions and processes rather than on themes and structure.

I have opted to do this study with the constructivist grounded theory associated with Charmaz (2007). The reason for this choice rested on the appropriateness of the characteristics and procedures of this brand of grounded theory for the intended study.

The Constructivist Grounded Theory Method

My choice of the constructivist brand of grounded theory was informed by the nature of the research I wish to undertake. My desire was to gain an in-depth understanding and gather rich data (through the expertise knowledge of specialists in the research) of the dynamism involved in the process of R/S integration in clinical supervision and in the concrete application that supervisees make of spiritual and religious competencies in therapy. Charmaz (2014) describes rich data as detailed, focused, and full. From the rich data of this study, I wished to co-construct a grounded theory of the process involved in R/S competencies' development in the supervision/practicum context. This section examines the constructivist grounded theory as the version of grounded theory best fitted to the goal of this study.

Constructivist grounded theory best fits the method of reaching the goals and the objectives of this proposed research, described above. The constructivist grounded theory's methodology is "most appropriately employed in studies where little is known about a [topic or] phenomenon of interest" (Bloomberg & Volpe, 2019, p. 55). According to the comments of Hull et al. (2016), there have been very few research studies that have probed the nature of the process of R/S competencies' integration and how these competencies might be taught, applied, and evaluated. Hull et al. (2016) stated: "Although the publication of these spiritual competencies (ASERVIC, 2009) indicates movement toward more intentional ethical and clinical oversight of addressing spiritual/religious issues in counseling, how these competencies are taught, applied and evaluated in clinical settings remains to be seen" (p. 112).

Such knowledge of the process of "how these competencies are taught, applied and evaluated in clinical settings" (Hull et al., 2016, p. 112), which is not tied to a specific theory of supervision, would then inform the teaching of these R/S competencies, using any supervisory

model. From the findings of their scoping review of teaching R/S competencies to psychiatry residents, Hathaway et al. (2021) pointed out the crucial importance of processes and curricular content in shaping outcomes in the effective and efficient teaching and learning of R/S competencies. For this reason, using the constructivist methodology, I sought to explore an understanding of the process of R/S competencies development and integration that would be helpful in the training of supervisees in spiritual and religious competencies which would be comprehensive, dynamic, experiential, and accompanied by the supervisor, as well as one that may be easily evaluated (Oxhandler & Ellor, 2017).

Charmaz (2014) emphasized that the procedures for engaging in this kind of exploration are more “flexible guidelines, not methodological rules . . . and requirements” (p.16). Zapata (2010) pointed out that Charmaz (2006) focused more on “understanding experience through embedded and hidden situations, networks, and relationships, as well as [in] highlighting hierarchies in power, opportunities and communication” (p. 31). For Charmaz (2014) constructing a grounded theory is like using the strategies of grounded theory flexibly like a tool to research and analyze the processes of the worlds we study, “developing theories to understand them (p. 17). A process according to Charmaz (2014) “consists of unfolding temporal sequences that may have identifiable markers with clear beginnings and endings and benchmarks in between” (p. 17).

Charmaz (2014) treats grounded theory methods like a craft that researchers practice with various degrees of emphasis on various aspects of the craft. Charmaz is inclined to give greater attention and concentration to features and processes like the following: feelings, beliefs, views and interpretations, values, assumptions, and ideologies of individuals. These were more important to her than paying too much attention to methods of research. Charmaz proposed that

in doing constructivist grounded theory research, “grounded theorists’ background assumptions and disciplinary perspectives can alert them to certain possibilities and processes in their data” (p. 30). Charmaz argued that in this case, the implications of the disciplinary ideas used to guide research would need to be scrutinized, and the author suggested the use of these initial ideas as sensitizing concepts.

According to Bowen (2006) the term sensitizing concept originated with Blumer (1954), who used the term to differentiate definitive concepts from tentative concepts. Blumer (1954) called the latter group of concepts “sensitizing concepts” (p. 7). Bowen (2006) pointed out that contemporary social research scholars use the term, *sensitizing concept*, to indicate a starting point of for a qualitative study and interpretative device. According to Patton (2015) “sensitivity to context is a strength of qualitative inquiry” (p. 362). About context, Patton mused, “But what is context? It turns out that it works pretty well as a sensitizing concept, but it defies operationalization” (pp. 362-363).

Patton (2015) stated that “A sensitizing concept raises consciousness about something and alerts us to watch out for it within a specific context as we undertake fieldwork” (p. 363).

Patton (2015) also added:

That’s what the concept of context does. It says things are happening to people and changes are taking place as people in families, programs, organizations, and communities interact with people and processes in the surrounding environment, in their context(s).

Watch out for those interactions and their effects. Pay attention. (p. 363)

Charmaz (2003) stated that “sensitizing concepts offer ways of seeing, organizing, and understanding experience” (p. 259). According to Charmaz (2014) “sensitizing concepts give researchers initial but tentative ideas to pursue and questions to raise about their topics” (p. 30).

Charmaz (2014) exemplified the use of sensitizing concepts as guides for interview inquiry when she stated:

I used those concepts as points of departure to form interview questions, to look at data, to listen to interviewees, and to think analytically about the data. Guiding interests, sensitizing concepts, and disciplinary perspectives often provide us with such points of departure for developing, rather than limiting, our ideas. (p. 31)

Bowen (2019) indicated that sensitizing concepts “provide a starting point for data analysis and function as analytic lens or interpretive mechanism throughout the process” (p. 2). The sensitizing concepts that sensitize the trajectory of this research are inspired by Cheston’s (2000) ways paradigm — (i.e., a way of being, a way of understanding, and a way of intervening). These sensitizing concepts raise consciousness about what to look for; organize understanding of what is studied; will guide the point of departure to form the interview questions and analytical thinking; provide the starting point for data analysis; all in keeping with the guidelines for constructivist grounded theory research articulated by Charmaz (2014).

Recruitment and Sampling of Participants

Among the first things that Charmaz (2014) pointed out in her guidelines is how participants are recruited in a constructivist grounded theory study. Morse (2010) indicated that in grounded theory research, “participants are selected according to the descriptive needs of the emerging concept and theory” (p.235). According to Charmaz when some initial or preliminary categories have been arrived at, further sampling is needed to gather more that to define the categories that stand on firm ground. Charmaz calls this special sampling strategy theoretical sampling, which means that the participants in this sampling are recruited according to their

ability to richly contribute to an understanding of the subject-matter under investigation. In describing theoretical sampling, Charmaz stated:

Theoretical sampling means seeking pertinent data to develop your emerging theory. The main purpose of theoretical sampling is to elaborate and refine the categories constituting your theory. You conduct theoretical sampling by sampling to develop the properties of your categories until no new properties emerge. (p. 193)

So, central to the method of a grounded theory research is the idea of a theoretical sampling of participants. Thomson (2011) reflected the ideas of Strauss and Corbin (1998), and Glaser and Strauss (1967), when he stated that “the sampling procedure dictates that the researcher chooses participants who have experienced or are experiencing the phenomenon under study. By doing so the researcher has chosen ‘experts’ in the phenomenon and thus able to provide the best data” (p. 48). Charmaz (2014) insists that theoretical sampling, therefore, does not attempt “to sample randomly selected population or to sample representative distributions of a particular population” (p. 345). Rather, a theoretical sampling, in a way, mirrors the purposeful sampling strategy that Patton (2015) describes in terms of selecting information-rich and illuminative cases that are exemplars of the concept or construct that is the focus of inquiry to illuminate the theoretical ideas of interest.

In the recruitment of participants for this study, the sampling strategy for constructivist grounded theory, which consists of an initial sampling and a subsequent theoretical sampling was used. The initial sampling got the research started. Draucker et al. (2007) have described the initial sampling as “selective sampling” (p. 1137). According to Draucker et al. (2007), sampling in grounded theory is sequential, “beginning with selective sampling and moving into theoretical sampling when concepts begin to emerge” (p. 1138). Drawing on the insights of Schatzman and

Strauss (1973), Draucker et al. (2007) specified that “Theoretical sampling is often distinguished from selective sampling. Whereas theoretical sampling is guided by emerging theory, selective sampling is the identification of populations and settings prior to data collection” (pp. 1137-1138). Thus, after the selective sampling, and the initial data collection, theoretical sampling guided where the research study went next (Charmaz, 2014).

The use of theoretical sampling implied that typically the researcher had already had a tentative theoretical category that guided his selection, since “a theoretical sample is informed by coding, comparison and memo-writing.” (Sbaraini et al., 2011, p. 3). Charmaz (2006) recommends that when engaging in theoretical sampling, the researcher seeks people, events, or information that would furnish pertinent data to illuminate the emerging theory. Theoretical sampling provides the data that assist the researcher to refine and define the properties, boundaries, and relevance of the pertinent categories being scrutinized (Charmaz, 2014). Because the purpose of theoretical sampling is to sample in order to develop, to elaborate, and to refine the theoretical categories (Charmaz, 2014), conducting it can take the researcher across substantive areas. In both samplings (i.e., selective and theoretical), my dissertation committee members recommended names of several experts in R/S integration and supervision in order to have an erudite heterogenous group of participants.

Having determined the kind of sampling that would best address the research questions, the next question was how to deal with the practical issues of recruitment. Here, the initial process of recruiting participants began by seeking recommendations for experts in the R/S competencies in counseling. These recommendations were provided by my academic advisor and the members of my dissertation committee. The procedure that was pursued was as follows:

- Names of Experts- Following my interaction with the dissertation committee, I searched

out by phone and internet the names and profiles of the recommended contacts.

- Experts contacted by Email — I contacted the experts by email and linked them to the Qualtrics survey platform I intended to use for the research interviews.
- Qualtrics Survey: This contained an introduction to the researcher and the informed consent for the participants to review.
- Consent and Agreement to Participate: At the end of the informed consent review, prospective participants clicked a box (or click *Next*) to indicate their consent, saying they agreed to participate.
- Arrangement for Contacts: The participants were directed to go to a second page in *Qualtrics* where they indicated their preferred method of contact – day/time best to call/email.
- Arrangements for Interviews: Once contacts were established, the date/time and modality of the interviews was set up in the modality the participant preferred.
- Appreciation and Confirmation of Interview: A thank you/confirmation mail with my Zoom address was sent to each participant.
- Reminders: Reminders were sent to the participants 2 hours prior to the interview.

Since in grounded theory research, “participants are selected according to the descriptive needs of the emerging concept and theory” (Morse, 2010, p.235), the recommended contacts were those knowledgeable in the emerging concepts (the experts as indicated above); and this suggested a good number of well-informed participants. Creswell (2014) opined that ordinarily a small number of participants characterizes the size of qualitative research. However, he suggests that for grounded theory, 20-30 participants would be enough.

Nevertheless, chairman of my dissertation committee, recommended between 8-12 participants, with a minimum of 8. The suggested sample size was within the range (5 to 114) of samples of grounded theory research review studies reported by Thomson (2011). Drawing on the insights of Glaser and Strauss (1967), and Strauss and Corbin (1998), Thomson (2011) argued that the question of the appropriate sample size for grounded theory research “is answered by the concept of ‘theoretical saturation’” (p. 46). Basing himself on the insights of Douglas (2003), Goulding (2002) and Locke (2001), Thomson (2011) opined that “the researcher continues expanding the sample size until data collection (e.g., interviews) supplies no new data” (p. 47).

Procedure

With the approval of St. Mary’s University IRB, I began recruitment. Those who chose to participate in the study, went through the protocols of voluntary of participation by signing the informed consent document as indicated and provided through the Qualtrics platform (see Appendix A). A total of 24 prospective participants were invited to take part in the study. Between November 5, 2021 and January 12, 2022, 15 participants responded to the Qualtrics survey of the study. Out of those 15 prospective participants, 1 individual withdrew from the study without completing the survey. Table 2 is a visual representation of the various qualifications of the respondents who completed the research survey. It also shows the number and percentages of their academic qualifications. Most of the respondents 78.57% of those who completed the research survey had a doctoral degree in counseling or in Education. Only one potential participant 7.14 % indicated that they had no doctoral degree.

Table 2*Academic Degrees of Survey Respondents*

Academic Degree	Percent	Frequencies
PhD	78.57%	11
PsyD	0.00%	0
EdD	14.29%	2
I do not have a doctoral degree	7.14%	1
Other (Please indicate)	0.00%	0
Total	100.00%	14

The demographics of the active participants are described in Chapter 4. The participants who eventually took part in the interviews all had doctoral degrees and were well-established in the counseling profession. Some of them were Department Chairs in their respective institutions. Most of them were active in institutions of higher education where they were teaching and providing clinical supervision of doctoral and master's students. Several of them had had prominent positions in the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC). In the end, they were invited to participate in the study because they had made important contributions to the integration of R/S to counseling.

Data Collection Method

According to Tie et al. (2019) both qualitative and quantitative data generation techniques can be used in a grounded theory study. Data was gathered from participant interviews, study observations, and relevant documents. For the purposes of this study, my data collection flowed from the following sources (a) responses to my research questions (gathered using *e*-interviews), (b) online observations, (c) memos, and (d) relevant documents (e.g.,

Qualtrics survey data). This accords with Charmaz (2014) idea of a grounded theory's concept of data collection. She stated: "My notion of grounded theory includes a basic methodological principle: our data collection methods flow from the research question and where we go with it" (Charmaz, 2014, p. 27). In other words, the data collected were grounded in the participants' expertise-responses, experiences, and other relevant data.

Charmaz (2014) characterized the nature of these rich responses by stating, "Rich data are detailed, focused, and full. They reveal participant's views, feelings, intentions, and actions as well as the contexts and structures of their lives" (p. 23). They are nevertheless constructed and co-constructed data, for as Charmaz (1996) observed, data is constantly generated in the on-going interaction with participants, in the participants' articulated stories as well as in their unspoken and taken for granted attitudes and actions toward the phenomenon being investigated. In such cases, Charmaz (1996) suggested that the researcher would need "to do more work to discover the subtlety and complexity of respondents' intentions and actions . . . and often direct questioning is needed" (p. 35).

From the constructivist grounded theory perspective, data are seen from the viewpoint of their human and social construction (Charmaz, 1996). Mills et al. (2006) suggested that there is an underlying assumption in the constructivist GT theory that the interaction between the researcher and participants produces the data. Charmaz (1996) plainly affirmed this notion when she stated: "Unlike Glaser, I assume that the interaction between the researcher and the researched produces the data, and therefore the meanings that the researcher observes and defines" (p. 35). Elsewhere, Charmaz (2014) made this assumption (i.e., the notion that the interaction between the researcher and the researched produces the data) more explicit, and thus affirmed:

People construct data — whether it be researchers generating first-hand data through interviews or fieldnotes or gathering documents and information from other sources such as historical texts, government records, or organizational information compiled for private discussion or public dissemination. Whatever stands as data flows from some purpose to realize a particular objective. In turn, purposes and objectives arise under particular historical, social, and situational conditions. (p. 29)

Geertz's (1973) recommended thick descriptions of qualitative data - a task which demands the intellectual effort to widen the framework “within which [data] can be intelligibly — that is, thickly — described” (p. 15). Sergi and Hallin (2011) argued that researchers need, not only thick description, as one way of strengthening the knowledge claim in qualitative research, but they also need “thick performance” (p. 193). By “thick performance” Sergi and Hallin (2011) meant a performance that engages a wide range of emotions — “a rich and complex and multi-level experience that mobilizes the whole person conducting this inquiry” (p. 191).

Charmaz (2014) recommended “writing extensive fieldnotes of observations, collecting respondents' written personal accounts, finding relevant documents, and/or compiling detailed narratives such as from transcribed tapes of interviews” (p. 23). As such, I strove to gather rich data as I appropriated those insights. I also paid attention to their contexts, and to the whole range of emotions in my interactions with the participants, and to their views and feelings. This is consonant with the post-modern sensibility of regarding research participants, not merely as passive depositories of answers for the researcher's questions, but as co-participants in the research — a view upheld by Charmaz (2014), and subscribed to also by Fontana (2003), Holstein and Gubrium (2003), and Salmons (2015).

Intensive Interviews

Grounded theory study design employs in-depth interviews which supply rich research data and give thick descriptions of what is being studied (Geertz, 1973). Fox (2009) indicated that grounded theory interviews need to be planned well, given sufficient time, and done with care. In this way, intensive interviews can serve as very helpful and useful tools to provide rich sets of data for researchers to get to know certain aspects of the world of their participants (Qu & Dumay, 2011).

The constructivist grounded theory *e*-interviews that were used for this study, therefore, were carefully planned and tailored to follow the unstructured, intensive, in-depth interviews format. This was in order to furnish thick descriptions (Geertz, 1973). The targeted subject was the development and integration of religious and spiritual competencies in counseling supervision which was being investigated. I paid attention to details in observing and interpreting this phenomenon in question, which for this study, was important for understanding the dynamic process of R/S competencies assimilation and integration in professional training within the context of practicum and supervision in counselor education.

Charmaz (2009) suggested that this kind of interview concentrates on four things that include the (a) interviewer-participant connection, (b) context and situation of the interview, (c) the construction of the research participant's narrative and silences, (d) explicit content of the interview. Each of these factors contributed to the overall effectiveness of the intensive interviewing in the ways discussed below:

The Interviewer-Participant Connection

Charmaz (2014) suggested that the researcher should pay attention to positive connection with participants during these interviews in ways that build up mutuality. The aim here was to

create an atmosphere of good understanding based on trust and respect (Gray, 2004). For DiCicco-Bloom and Crabtree (2006), paying attention to positive connection with participants would translate into creating a safe and conducive environment for sharing the participant's personal experiences and attitudes as they took place. Accordingly, the interviews always began by thanking the participants for agreeing to be interviewed. To encourage interviewer and participant connection I also shared with them how I got interested in their participation in the study. I let them know that I was familiar with their writings and contributions in the field, and I tailored my questions in accordance with their areas of specialty.

The Context and Situation of the Interviews

Intensive interviews are complex situations, and grounded theorists realize and consider that their interviewing takes place “within a culture and at a specific historical time and social context” (Charmaz, 2014, p. 57). Accordingly, my interview approach, interactional style, questions, and expression reflected sensitivity to, and respect for, the situations and socio-cultural context of the participants. Charmaz (2014) expresses the dexterity needed to conduct such an intensive interview of this kind in terms of a crafting ability — implying a special skill required in constructing the interviews, and in handling their intricacies effectively. Qu and Dumay (2011) caution that the opportunity to conduct these interviews cannot be treated with levity, and that careful planning needs to take place prior to the interviews themselves, since access to participants can prove to be difficult to come by; and this is what happened.

The Construction of The Research Participant's Narrative and Silences

Charmaz (2002) drew the attention of researchers in intensive constructivist interviews to the place and role of silences in participants' narratives. According to Charmaz (2002) “we must pay attention to research participants' language, spoken and unspoken. The data we need to

analyze consist of more than spoken words on printed pages; they must go beyond expressed stories” (p. 322). Charmaz (2002) argued that researchers must reckon with the fact that the participant’s narratives and even silences contribute to an understanding of the social reality being studied and constructed because “silences have meaning, too” (p. 303). Mathers et al. (1998) upheld the same principle that the silences of research participants in intensive interviews “may be very telling” (p. 12). These scholars (Mathers et al., 1998) recommend that the researcher should not rush to fill the silent space with another question, instead, the researcher should give the participant opportunity and time to reflect, and to supply additional information.

Although I directed the interview questions to the facts about what was going on regarding the integration of religion and spirituality in counselor education today in the U.S., the participants freely spoke about these matters with feelings, beliefs, and convictions, as related to their expertise and their lived experience of the phenomenon of interest. Thus, the participants did not come across as mere depositors of information, but they spoke with interest and at times with passion about the processes of R/S development and integration. They also showed concern for the hurdles in the way of achieving the goal of integration, at times through their silences to certain areas of the researcher’s questions. However, I experienced the e-interviews as respectful mutual encounters. The mutually respectful atmosphere of the interviews provided the framework for “exploration, emergent understandings, legitimation of identity, and validation of experience” (Charmaz, 2014, p. 91). In this regard, the participants interviewed in this study show great maturity in sharing their experiences and in expressing their convictions about the development and integration of R/S competencies in supervision.

The Explicit Content of the Interview

Charmaz (2003) suggested that while the naturalist's perspective on the explicit content of the interview would focus on what-questions in research interviews, the constructivist's approach would focus on how-questions because here the research focus is on the construction of meaning, to achieve a holistic understanding of the participants' viewpoints or situations, and the ways in which they are involved in the construction of the meaning of what they do, and how they live and practice their profession. Charmaz further clarified that "the naturalistic field worker likely orients to the data as the facts of experience, whereas the constructionist field worker emphasizes and aims to describe how those facts come into being in the first place" (p. 673).

The constructivist interview strategies, according to Charmaz (2003), "orient more to the goal of revealing how social actions and interactions become data" (p. 673). This entails asking participants open-ended questions, and asking for clarification with probing questions, wherever necessary, to obtain rich data deemed important by the researcher, to get to the meaning behind the words. During the interviews, therefore, attention was paid to understand from the participants' perspectives the salient processes (the how) of the development and integration of R/S competencies in counseling supervision.

Charmaz (2014) indicated that an important aspect of the interview is the attention that is given to the explicit content of the interview regarding the significance of language and meaning. In this regard, following Mathers et al. (1998) suggestions noted above, the participants were encouraged to reflect their experiences as the interviewer took his time to explore meanings by inserting further reflective questions and by allowing them to answer as much as they could.

These interviews were audio-recorded, with the permission of the participants (Arkley & Knight, 1999; Bailey, 1996). Charmaz (2014) indicated that other data collecting strategies could be used in the intensive interview. For instance, the following elicited documents strategies, according to Charmaz (2014), could be used to “involve research participants in producing the data” . . . daily logs, work histories, personal diaries, pictures, written answers to questions (p. 47), with attention to the rights of the participants (Bloomberg & Volpe, 2019). One participant clarified part of the oral interview with a written paragraph. Memos were used in accordance with what Tie et al. (2019) suggested that procedural rigor and precision was needed for quality performance in these strategies which required “maintaining a detailed audit trail, data management strategies and demonstrable procedural logic recorded using memos” (p. 7).

The computer used for the research project was secured as Arora et al. (2014) suggested the protection of participant identity and secure data “in such a way that if unauthorized individuals were to gain access, they would be unable to link the data with a particular person or with other data being sent” (p. 146). The transcripts of the interview narrative were anonymized. Salmons, (2015) suggested consultation with trained technicians in the setup and testing of equipment to be used for the interviews, prior to actual performance of research interviews to ensure that everything is working properly. Salmons also described online or e-interviews as “interviews conducted with computer-mediated communication” (p. 262). Salmons suggested that this kind of interview should be conducted in a manner that follows the provisions of relevant applicable ethical research guidelines (regarding: the protection of human subjects, informed consent, the use of posts, documents, profiles and images, safe online environment, and privacy and anonymity issues) (p. 12). All these were checked out and supervised by the chair of the dissertation committee before actual interviews began.

The interviews were conducted as *e-interviews* through the Zoom platform. So, with the initially identified research questions, and an agreed time and format for the e-interview, I proceeded to interview the first participants, paying attention to building a good rapport with them. The *e-interviews* were complemented by, and corroborated with online observations, and relevant documents relating to the topic at hand. Drawing on Adams' (2015) and Hesse-Biber's (2006) ideas on, and experiences with in-depth and intensive interviews, the interviews that I conducted lasted for one hour or little more, each session, because grounded theory interviews take the form of intensive interviews. This agreed with the methodology of this kind of research or inquiry. Charmaz (2014) provided the reason for this when she wrote:

Both grounded theory methods and intensive interviewing are open-ended yet directed, shaped yet emergent, and paced yet unrestricted. Researchers adopt intensive interviewing precisely because it facilitates conducting an open-ended, in-depth exploration of an area in which the interviewee has substantial experience. (p. 85)

Data Analysis

The analysis of data collected from the *e-interviews* with these first participants and from other relevant documents associated with the research study e.g., memos, personal journal, scholarly materials, written sources, etc. (Foley & Timonen, 2015). Later recruitments, theoretical sampling, and data collection depended on where earlier analysis led in a process that became iterative, always following the emergent leads until saturation was reached. While in quantitative analysis, researchers utilize statistical methods to analyze their data to answer their research questions, which are expressed in mathematical terms, in this qualitative analysis, on the other hand, the researcher used qualitative methods of coding, comparison, thematizing, focusing, abstracting, and simplifying data to arrive at meaning.

Attride-Stirling (2001) suggested that the three stages in qualitative analysis involves the (a) reduction of the text, (b) exploration of the text, and (c) integration of what has been explored. Charmaz (2014) gives a more comprehensive account of the strategies involved in constructivist grounded theory data analysis. According to Charmaz (2014), data analysis in constructivist grounded theory consists of:

- Initial coding
- Focused coding
- Axial coding, and
- Theoretical coding

The data analysis in this grounded theory began with initial contacts and generation of data with the participants followed by iterative coding and comparison of data. It was accomplished by the use of constant comparison method which continued throughout the course of the research until theoretical data saturation was achieved. Aldiabat (2018) drew on the ideas posited by Charmaz (2006) and Glaser and Strauss (1971) and stated “when new data [did] not add any further insights to the core categories and/or the discovery of additional properties for those categories” (p. 246).

Following the constructivist grounded theory methodology, I adhered to the constant comparison method. Conrad et al. (as cited in Kolb, 2012) stated “[grounded theory] combines systematic data collection, coding, and analysis with theoretical sampling in order to generate theory that is integrated, close to the data, and expressed in a form clear enough for further testing” (p. 280). Kolb (2012) delineated four stages in the comparative strategy, namely (a) comparing incidents applicable to each category, (b) integrating categories and their properties, (c) delimiting the theory, and (d) writing the theory (p. 83). The constant comparison of data

involved “an interplay among the researcher, the data, the emerging categories, and the developing theory” (Bloomberg & Volpe, 2019, p. 106).

Initial Open Coding

According to Charmaz (2014), grounded theory coding “is the process of defining what data are about . . . Categorizing segments of data with a short name that simultaneously summarizes and accounts for each piece of data” (p. 111). Charmaz (2014) explained that the reason for coding is to provide the pivotal link between gathering data and developing an emergent theory to elucidate these data. In this process, Charmaz, (2014) identified at least two phases of coding including the initial and focused phase, while acknowledging that “some researchers prefer more elaborate coding scheme” (pp. 113-114).

Tie et al. (2019) posited that initial coding is the first or preliminary analytic step in grounded theory research. Bloomberg and Volpe (2019) suggestion that the coding process should be preceded by an effort to familiarize oneself with the data collected from the research interviews and other relevant sources, by going through the recorded interview sessions, transcribing them, and reading the transcribed scripts, seeking to get a general sense of what the scripts are saying about the object of research study, was followed. That paved the way to the initial coding of the initial data collected. Holton’s (2007) idea of coding arising from the need to pause and ask analytic questions of the data being gathered could not be truer in the experience of the researcher, for coding was the essential process through which the conceptual abstraction of data and its reintegration as theory took place.

According to Charmaz (2014) coding is a way of “categorizing segments of data with a short name that simultaneously summarizes and accounts for each piece of data” (p. 111). This process was referred to in this study as the generation and presentation of themes in the data, a

bit like what Saldana (2016) called theming. Elsewhere, the process is referred to as thematizing the data (Brinkmann & Kvale, 2015).

The logic of the initial coding, according to Charmaz (2014), is a logic of openness to what the data says or suggests about the study (and that is why it is also called “Open Coding”). Glaser (1998) suggested several opening questions that could be used to obtain the data, as in the following examples:

- “What is this data a study of?”
- “What category does this incident indicate?”
- “What is actually happening in the data?”
- “What is the main concern being faced by the participants?”
- “What accounts for the continual resolving of this concern?” (p. 140).

The initial coding, therefore, permitted the researcher to pay close attention to, and study fragments of data which included words, lines, segments, and incidents in the narratives of the participants, in order to appreciate and take notice of their analytic significance for the research (specific words or ideas re-occurred frequently in the texts, e.g., “developmentally” the variegated compounds of the verb “to reflect”). Charmaz’s (2014) advice to the researcher to stay as close as possible to the data while seeking to decipher the action language and words that reflect action in the data was taken and followed by the researcher. Charmaz (2014) further suggested that the researcher strives to construct short codes, to compare data with data, and to move quickly through the data – this was the case especially in comparing the accounts of the various participants in the study.

In doing this, the researcher aimed at (a) making an interpretative rendering of the participants’ narratives, (b) labelling the data for easier organization of the information contained

in the data, and (c) breaking the data apart in analytically significant ways to invite further probes. In grounded theory coding, according to Charmaz (2006), the idea is to move “beyond concrete statements in the data to making analytic interpretations” (p. 43). Miles and Huberman (1994) suggested the interviewer should pay attention to the language used by the participants and to watch out for the unusual or the unexpected, as well as the outliers, i.e., data that are atypical of the dominant patterns in the narratives of the participants. Some outliers in the narratives of the participants were noted, namely: (a) some participants thought that gender difference should be factored into the discuss about the development of R/S competencies and their integration in supervision and in counseling practice. (b) Another participant raised the issue of how to direct supervisees working with minors who may have religious or spiritual concerns.

Focused Coding

For Charmaz (2014) focused coding means “using the most significant and/or frequent earlier codes to sift through and analyze large amounts of data,” in a process that “requires decisions about which initial codes make the most analytic sense” in categorizing data accurately and completely (p. 138). Thornberg and Charmaz (2012) discoursed that focused coding is “more directed, selective, and conceptual than initial coding” (p. 48). In practice, focused coding allowed the researcher to study and assess his initial coding: to examine to see what these initial codes say, to concentrate on making comparisons of them, while keeping a critical and measured stance on the analytic process. In this way, as Charmaz (2014) had suggested, focused coding granted the researcher the time and opportunity to synthesize and explain larger segments of data.

Part of the aim of focused coding is to examine the adequacy and conceptual strength of the initial coding in helping the researcher to learn from the data and to understand emergent patterns and explanations (Charmaz, 2006). In this process, the researcher endeavors to sort out less-compelling codes and distinguishes them from those that have greater analytic power.

Charmaz (2014) suggested the following modified questions as guides to lead the focused coding activity:

- What do I find when I compare my initial codes with data?
- In what ways might my initial codes reveal patterns?
- Which of these codes best account for the data?
- Have I raised these codes to focused codes?
- What do my comparisons between codes indicate?
- Do my focused codes reveal gaps in the data?

I found these questions helpful in shaping the direction of this project and in increasing my confidence in the analysis that emerged as Charmaz (2014) had indicated. Charmaz (2014) asserted that giving good attention to focused coding and making well informed decisions from the process, can sketch the outlines of the emerging analysis.

Axial Coding

Following Creswell (1998), Charmaz (2014), described the purposes of axial coding as sorting, synthesizing, and organizing large amounts of data, and re-assembling them in new ways after initial open coding. Charmaz explained the logic of axial coding by reference to the fragmentation of data in the process of initial open coding, which become defragmented in axial coding. In her own words Charmaz stated:

Strauss (1987) views axial coding as building “a dense texture of relationships around the ‘axis’ of a category’ . . . During initial coding you fracture data into separate pieces and construct distinct codes” (p. 64). Straus and Corbin (1998) utilize axial coding for bringing data back together again in a coherent whole (p. 147).

Strauss (1987) further clarified that those data that were broken apart in initial open coding are brought together to become the focus of a category through a method and process of constant comparison between the category of interest and other categories. Fassinger (2005), suggests four different kinds of comparison:

- Comparing and relating subcategories to categories.
- Comparing categories to new data.
- Expanding the density and complexity of the categories by describing their properties (attributes of a category) and dimensions.
- Exploring variations (e.g., disconfirming instances) in the data and reconceptualizing the categories and their relationships, as necessary. (p. 60)

Axial Coding, according to Strauss and Corbin (1998), provides the answers to such questions as the: when, where, why, who, how, and with what consequences of the studied phenomenon. Charmaz (2014) noted that “Axial coding provides a frame for researchers to apply” (p. 148). With a cautionary suggestion Charmaz (2014) added that “The frame may extend or limit your vision, depending on your subject matter and ability to tolerate ambiguity. Researchers who prefer to work with a preset structure will welcome having a frame” (p. 148).

According to Charmaz (2014), using the axial coding provides Strauss and Corbin (1998), the occasion to “apply a scientific set of terms to make links between categories visible” (p. 148). Thus, organizing scientific themes, such as conditions, actions, interactions,

consequences are used by Strauss and Corbin (1998) to answer the when, where, why, who, how, and with what consequences questions. Charmaz (2014) summed up Strauss and Corbin's strategy in these statements: "Strauss and Corbin use conditions to answer the why, where, how come and when questions. Actions/interactions answer by whom and how questions. Consequences answer questions on 'what happens' because of these actions /interactions" (p. 148).

A note of caution about too much preoccupation with genres of coding is sounded by Bloomberg and Volpe (2019) who stated, "If you use predetermined categories, you run the risk of analyzing data by coding text units according to what you expect to find. Your conceptual framework must remain flexible and open to change throughout the entire analytic process" (p. 242). Charmaz (2014) shared the same caution. She thinks that although axial coding may help researchers to explore their data, nevertheless, it could limit what and how they learn about their studied worlds. Charmaz (2014) expressed her stand on axial coding by stating,

Axial coding provides a framework for researchers to apply . . . Researchers who prefer to work with preset structure will welcome having a frame. Those who prefer simple, flexible guidelines — and can tolerate ambiguity — do not need to do axial coding. Instead, they can follow the leads that they define in their empirical materials. (p. 148)

Theoretical Coding

In theoretical coding, the researcher refines the final theoretical codes in the study and relates them to one another (Charmaz, 2014; Sbaraini et al., 2011). Holton (2010) explained that "Theoretical codes conceptualize how the substantive codes may relate to each other as hypotheses to be integrated into the theory" (p. 35). Further, Holton clarified that theoretical codes facilitates the researcher's ability to conceptualize data and their interrelations in the

writing. Charmaz (2014) described this final stage of coding (i.e., theoretical coding) as “a sophisticated level of coding . . .” (p. 150). The reason adduced for this sophistication by Charmaz (2014), is that theoretical coding requires proficient, theoretical, careful, and sensitive skills; and that this last stage of coding is crucial to the creation of the final product of the study. Fassinger (2005) pointed out that this final stage in GT involves the creation of substantive theory.

Fassinger (2005) described this process of identifying and using theoretical codes to achieve the integration of the theoretical framework as involving “selective coding, in which a central or ‘core’ category is selected that integrates all of the other categories into ‘an explanatory whole’” (p. 161). Glasser (1978, 1998, 2005) conceptualized this incipient integration in terms of the choice that the researcher makes to develop a coherent grounded theory through selective inspection and analytical use of theoretical codes as tools in the organization of their own codes and categories into hypotheses. In this exercise of integrating the framework with theoretical codes, Holton (2010) suggested that familiarity with a broad range of integrating codes used in other disciplines works to the researcher’s advantage. In her words Holton (2010) stated:

Developing theoretical sensitivity to a wide range of integrating codes (processes, models, etc.) as used across a wide range of disciplines enhances a researcher’s ability to see their emergent fit to a developing theory. Reading widely opens a researcher to serendipitous discovery of new theoretical codes from other disciplines. (p. 35)

Birks and Mills (2015) describe the skillful discernment and use of these emerging integrating theoretical codes in terms of a scheme for generating a storyline, which they define as “a strategy for facilitating integration, construction, formulation and presentation of research

findings through the production of a coherent grounded theory” (p. 180). For Birks et al. (2009) the storyline enriches the comprehension of the grounded theory research outcomes because it serves as a “descriptive narrative” of the most important aspects of the data, encapsulating all the other categories and articulating their relationships to the core story, and showing the patterns of those relationships, and “making visible the final theory” (p. 407). Birks et al. (2009) posited that the storyline also serves the pragmatic purpose of bringing to life an emerging theory that “may otherwise be dry and unpalatable” (p. 407).

Fassinger (2005) suggested that to facilitate the “groundedness” (p. 161) of the emerging theory, the comparisons that have been made at the earlier stages of coding and analysis, would need to be made here for theoretical coding, for the following reasons:

- To compare the emerging theory with the data
- To ensure that the emerging theory is grounded in participants’ experiences
- To compare the emerging theory to existing literature to enrich understanding and explanatory power

In theoretical coding, (as in all qualitative research) there will always be a tension between creativity and fidelity to the data - between what Blumenfeld-Jones (1995) designated as “what happened in a situation” (the truth of the matter) and “what it means to the teller of the tale” (fidelity to what happened for that person) (p. 26). It is a tension between fact and interpretation; between scientific objectivity and creative fidelity; between tradition and novelty; between emerging new knowledge and what is imposed or conjectured (Blumenfeld-Jones, 1995; Moss, 2004). Writing about this tension Moss stated:

Blumenfeld-Jones noted how narrative inquiry involves a “science/art conjunction” (p. 26). The science part of qualitative inquiry seeks some form of objective truth while

fidelity qualitative part seeks the aesthetic value and relies more heavily on subjective interpretation . . . He defined fidelity as the act of faithfulness and integrity on the part of the researcher to preserve “the worth and dignity of the teller.” (p. 364)

Blumenfeld-Jones (1995) indicated that the truth/fidelity dilemma can be resolved by “developing a criterion that dialectically conjoins notions of objective truth (conventionally a positivist science value) and subjective interpretation (both part of qualitative inquiry and an aesthetic value)” (p. 26). Moss (2004), drawing on the insights of Blumenfeld-Jones (1995), suggested that this resolution can be achieved by “accurately chronicling events while arranging them into a meaningful and believable story” (p. 364).

Thornberg and Charmaz (2014) proposed the use of abduction in theoretical coding as the way of choosing or constructing “the best theoretical codes as analytical tools to relate categories to each other and integrate them into a GT” (p. 161). Abduction, for Thornberg and Charmaz (2014) “means selecting or inventing a hypothesis that explains a particular empirical case or set of data better than any other candidate hypotheses, as a provisional hypothesis and a worthy candidate for further investigation” (p. 162). In this manner, abduction becomes “a way of capturing the dialectical shuttling between the domain of observations and the domains of ideas,” as abductive reasoning constantly moves between objective facts and subjective interpretation, between data and explanatory conjectures (Thornberg & Charmaz, 2014, p. 162).

According to Thornberg and Charmaz (2014), theoretical coding would critically and sensitively embody appropriate data, ideas, and perspectives that reveal “theoretical codes that earn their way into the analysis,” elaborated through careful and constant comparisons between theoretical codes, data, empirically generated codes and categories, and memos (p. 161). For Holton (2010), the “conceptual elaboration concludes when the relationships among individually

elaborated concepts emerge through the identification and use of appropriate theoretical codes to achieve an integrated theoretical framework for the overall grounded theory” (p. 35).

Computer-Assisted Analysis

Lewins and Silver (2009) explained the meaning of the term *Computer-Assisted Qualitative Data Analysis Software (CAQDAS)* when they stated that it refers to “software packages which include tools designed to facilitate a qualitative approach to qualitative data” (p. 3). According to Lewins and Silver (2009) CAQDAS packages may also be equipped with functionalities and tools that enable the combination of quantitative approaches to qualitative data. CAQDAS tools made their debut in the last 30 years when the first CAQDAS software packages became available to the public in the 1990s (Paulus et al., 2013; Rademaker et al., 2012). Since then, there has been a growing interest in the use of these tools especially amongst younger researchers who use qualitative methods in their doctoral research (Rodik & Primorac, 2015). In the recent past, the use of CAQDAS has become widespread and acceptable among researchers (Akinyode & Khan, 2018; Braun & Clarke, 2006; Salmons, 2015). CAQDAS facilitates the task of coding in qualitative studies (Rodik & Primorac, 2015).

Use of Computer-Assisted Qualitative Data Analysis Software for this Study

To expedite the progress of this research project, I used CAQDAS to facilitate some aspects of the qualitative analysis of the project, which are explained below. According to Lewins and Silver (2009), these computer-assisted qualitative data analysis software packages are equipped with content searching tools, linking tools, coding tools, query tools, writing and annotation tools, and mapping or networking tools. The above-mentioned tools were used except for the last two.

Advantages of Computer-Assisted Qualitative Data Analysis Software (CAQDAS)

I found many advantages of using qualitative data analysis software. Computer-assisted qualitative data analysis software (CAQDAS) enhances the organization and management of huge amounts of data, and thus ensures better data overview and access (Rodik & Primorac, 2015). The manual, clerical, technical and mechanical tasks involved in rigorous qualitative research analysis (e.g., sorting and coding) are done faster, and are significantly lessened using CAQDAS, and so a huge amount of time is saved for reflection and theoretical analysis by the researcher (St. John & Johnson, 2000).

The use of CAQDAS makes qualitative analysis less cumbersome, less unwieldy, and gives researchers greater flexibility to work on their projects (Lee & Fielding, 1991). CAQDAS makes for easier coding and re-coding (Rodik & Primorac, 2015); and through its code-and-retrieve technique CAQDAS reduces data overload (Kelle, 2004). Koenig (2020) opines that “the most unique feature of CAQDAS is certainly their ability to effectively code and annotate a wide variety of data, in particular textual data” (p. 4).

CAQDAS provides more serious and professional outlook to qualitative research probably on account of its efficient research material organization, and its ability to map the output in graphic ways that support theory-building through the visualization of relationships between variables coded in the data, thus, presenting the outcome of the research in a significantly visual way (Koenig, 2020). The most significant contribution of CAQDAS is the improvement in the quality and transparency it brings to qualitative research (Bringer et al., 2004; Lu & Shulman, 2008). Thus, CAQDAS provides greater tractability, validity, and auditability to qualitative research, (St. John & Johnson, 2000). So, researchers submit that modern technology can enhance the

trustworthiness of qualitative research by furnishing an audit trail for other researchers to evaluate (Cutcliffe & McKenna, 2004; Lincoln & Guba, 1985; Markle et al., 2011).

Precautions in the Use of CAQDAS

Some cautions have also been expressed in the qualitative research community about the use of CAQDAS products for analysis. For instance, it has been suggested that the use of these products has the tendency of inclining qualitative analysts to become increasingly mechanical in the exercise of their analysis without regard for the role of human interpretation and reflection (Kelle, 1995). Scholars like Roberts and Wilson (2002), and Koenig (2020) have intimated that CAQDAS gives undue importance to the coding and retrieval processes in the analysis, and therefore, CAQDAS tends towards an overly positivistic epistemological stance in the use of the software.

Koenig (2020) opined that the use of CAQDAS often lead to summary descriptions rather than analysis of data. St. John and Johnson (2000) have pointed out the pressure that the use of CAQDAS brings on researchers to focus mainly on the bulk and breadth of data rather than on the depth and meaning of the data. Rodik and Primorac (2015) have suggested that the time, energy, and distraction spent in learning these new skills should rather be invested in facing the real work of analysis. Foley and Timonen (2015) basing themselves on Weitzman (1999), pointed out that:

Although computer software programs for qualitative research are universally described as ‘Computer-assisted Qualitative Data Analysis Software’ (CAQDAS), the term ‘assisted’ means how data are electronically stored, retrieved, and linked. They do not perform the “thinking” of GT researchers who code, categorize, and theorize the data, and derive hypothesis from the data. (p. 1205)

Lu and Shulman, (2008) opine that software tools augment the ability of researchers to sort, sift, search, and think through the identifiable patterns as well as idiosyncrasies in large datasets. This enabled them to be more efficient in the general organization of their project. Although CAQDAS was used for coding and sorting I did the actual reflection and interpretation of data.

Grounded Theory Analysis with MAXQDA

According to Guetterman (2020), “the main steps in using MAXQDA to analyze qualitative data based on the grounded theory methodology are what we call ‘the 4 Cs’” (p. 3). Guetterman outlined four basic steps in coding data with MAXQDA grounded on the phases of coding used in grounded theory analysis as:

- coding the data
- customizing the code system
- category building with creative coding
- constructing theories

Woolf and Silver (2018) reminded researchers using MAXQDA that the software is “not an analysis program” like SPSS or SAS (p. 1). Rather, Woolf and Silver explained how the researcher should approach the use of the software to aid analysis by stating:

MAXQDA has no buttons for identify themes or compare the meaning of a statement in one context rather than another. There is no menu for grounded theory or discourse analysis. Where Microsoft Word is essentially a character display program, MAXQDA is essentially a program for managing concepts. You provide concepts, and MAXQDA provides bells and whistles to organize, display, and work with them according to your instructions. You as the researcher do 100 percent of the intellectual work. (p. 2)

Woolf and Silver's (2018) observation was verified in the researcher's experience and use of MAXQDA.

Coding the Data with MAXQDA 'Open Coding Mode'

According to Kuckartz and Radiker (2019), "open coding is a data-driven coding procedure" (p. 68). The MAXQDA Team (2020) indicated that "particularly in research projects that are based on Grounded Theory . . . the mode 'Open Coding' is particularly suitable" (p. 210). Open coding, according to Kuckartz and Radiker (2019), "can be implemented very easily in MAXQDA" by using the open coding mode (p. 68). As a "code-based system" (Silver & Lewins, 2014, p. 68) that enhances data analysis, MAXQDA software assists the researcher in the process of the initial open coding by creating some form of order in the data with various coding functionality options e.g., in vivo coding, coding with colors, coding with symbols, and coding with emoticons (Kuckartz & Radiker, 2019; MAXQDA Team 2020). Through its coding functionality the MAXQDA software facilitates the managing and coding of large amounts of data, aiding to break them down, and to condense the data thematically according to the input of the researcher (Kuckartz & Radiker, 2019).

Charmaz (2014) indicated that initial or open coding permits the researcher "to see the familiar in new light" (p. 133), and later to compare the themes, to identify the relationships or links between processes in the data "to pursue and check" (p. 121). Using MAXQDA allows the code matrix browser to display the "themes covered and their respective frequency per text in a comparative table" (Kuckartz & Radiker, 2019, p. 198). In this way open coding opens up the data "into all the possible ways in which they can be understood" (Silver & Lewins, 2014, p. 164).

Focused Coding with Customizing the Code System in MAXQDA

In constructivist grounded theory research, focused coding is described as “using the most significant and/or frequent earlier codes to sift through and analyze large amounts of data” (Charmaz, 2014, p. 138). Technically, MAXQDA code system allows the earlier codes to be organized in hierarchical structure or code tree (Kuckartz & Radiker, 2019), in a manner that helps the researcher to study and assess them (Charmaz, 2014). Charmaz (2014) further indicated that “what the codes say relies on how you define their meanings [because] . . . you are part of your analytic work” (p. 140). According to Kuckartz and Radiker (2019), “in MAXQDA, all forms of categories are called codes” (p. 19). Codes are a key analysis tool because “they enable you, among other things, to systematize and assign meaning to your data material, [and] “which underlying category is behind a give code is up to the researcher” (Kuckartz & Radiker, 2019, p. 19).

Category Building with Creative Coding in Axial Coding

In axial coding, categories are created and those data that were broken apart in initial coding are built together again in a dense texture of relationships around the *axis* of a category through a method and process of constant comparison (Fassinger, 2005). MAXQDA is equipped to help the researcher engage in this creative coding by providing “a large workspace on which codes can be freely moved and sorted in order to form meaning groups” (MAXQDA Team, 2018, p. 4). According to Kuckartz and Radiker (2019) “codes on the highest level (of the hierarchy) are called top-level codes (or categories) and sometimes main codes ” (p. 69). Kuckartz and Radiker indicated that the nature and roles of categories can be to reveal and identify different types of categories including the following:

- Factual categories: These denote easily identifiable facts in the data.

- Content-based or thematic categories: These usually serve to structure the content and to point out a topic or a theme in the text.
- Analytical categories: These are the result of intensive examination of the data and reflect a high degree of abstraction than in vivo categories.
- Evaluative categories: Primarily these assume an evaluative function.

According to Kuckartz and Radiker (2019), there are two ways of coding procedures (a) The deductive approach: This is a “concept-driven approach” wherein codes are developed before viewing the data; and (b) the inductive approach which is a “data-driven approach” (p. 67). The latter way of coding was adopted. Kuckartz and Radike (2019) indicated that a project’s complete set of categories and subcategories hierarchically organized is referred to as “code system” or “code tree” (p. 19). The categories creatively established at this stage of coding eventually serve “to clarify and to extend the analytic power of your emerging ideas” (Charmaz, 2014, p. 150).

Memo-writing

According to Birks et al. (2008), “Memoing as an analytic technique is discussed extensively in the literature regarding grounded theory methodology” (p. 72). Glaser and Holton (2004) describe memo-writing as “a continual process of (writing theoretical notes) that leads to abstraction or ideation – continually capturing the ‘frontier of the analyst’s thinking as he/she goes through data and codes, sorts and writes” (p. 17). Charmaz (2014) captured the salient features of these memos which help researchers keep track of their thoughts when she wrote: “Memos catch your thoughts, capture the comparisons and connections you make, and crystallize questions and directions for you to pursue” (p. 162).

Effectively, this meant that I relied on memos as a guide for the steps that were taken next in data collection, coding, and analysis of the data during the study as (Holton, 2007) had indicated. In this regard, memos functioned as the interactive space for internal conversation and reflection on what is going on with the research project regarding data: especially the researcher's ideas and hunches about codes, categories, similarities and dissimilarities, connections, and relationships, and so forth. Holton (2007) also pointed out that memos "present hypotheses about connections between categories and their properties and begin the integration of these connections with clusters of other categories to generate a theory" (p. 33).

Theory Building or Construction

Constructing or building a theory is the final part of doing constructivist grounded theory research. There are, however, many ambiguities about the term theory in the social sciences (Abend, 2008). Bhattacharjee (2012), stated:

Theories are explanations of a natural or social behavior, event, or phenomenon. More formally, a scientific theory is a system of constructs (concepts) and propositions (relationships between those constructs) that collectively presents a logical, systematic, and coherent explanation of a phenomenon of interest within some assumptions and boundary conditions. (p. 25)

According to Charmaz (2014) "theories offer accounts for what happens, how it ensues, and may aim to account for why it happened" (p. 228). Whetten (1989) suggested four related factors or building blocks of a theory that serve to carry out the explanatory goal of theories. These factors, according to Whetten (1989) are constructs, propositions, logic, and boundary conditions or assumptions. Bhattacharjee (2012) explained how these factors function in theory building:

Constructs capture the “what” of theories (i.e., what concepts are important for explaining a phenomenon), propositions capture the “how” (i.e., how are these concepts related to each other), logic represents the “why” (i.e., why are these concepts related), and boundary conditions/assumptions examines the “who, when, and where” (i.e., under what circumstances will these concepts and relationships work). (p. 26)

Charmaz (2014) however, conceptualized the “whats” and “hows” and “whys” as relating to the social reality being investigated. Charmaz explained that in grounded theory, researchers address what people do in specific situations and link it with *how* they do it as contingent relationships; “this form of analysis poses possibilities for learning why subsequent actions and events occur” (p. 228).

For the purposes of this research, my characterization of theory follows Thornberg and Charmaz’s (2012) definition which declares that “a theory states relationships between abstract concepts and may aim for either explanation or understanding” (p. 41). I hoped to use the data of the research to offer a theory that demonstrates the relationships, in the understanding of the participants, that explains how religious and spiritual competencies can best be acquired by counselors in the context of clinical supervision/practicum.

The Researcher as Instrument

The variations of grounded theory with all the debates about their underlying epistemologies, the role of the researcher, the timing and role of literature review, the analytic procedure, the nature of research interviews, the manner of coding, and the nature of the final product, present a daunting challenge to a debutant scholar, to choose the most suitable version that adequately fits the research proposal. However, a focused and reflective posture and support from the dissertation committee was helpful to me in aligning the choice of constructivist

grounded theory to the underlying thrust of this investigation, to its philosophical paradigm, and to the goal of the research which has been amplified in this chapter.

Creswell (2014) presses on the importance of the positionality of the researcher working with the constructivist paradigm, and how researchers need to acknowledge that their interpretation and understanding of the phenomenon they study flows from their unique personal experiences, present cultural milieu, and historical background, and therefore, not value-free.

Charmaz (2014) put it more succinctly when she wrote:

The constructivist approach perspective shreds notions of a neutral observer and a value-free expert. Not only does that mean that researchers must examine rather than erase how their privileges and preconceptions may shape the analysis, but it also means that their values shape the very facts that they can identify. (p. 13)

The fact of shared language and personal experiences can neither be denied nor jettisoned in the research process. I acknowledge the assumptions inherent in my training as a priest, and my leaning towards spiritual discourse. Rather than be a disadvantage, I will try not to be biased by them, but constructively use them as tools for this research.

Chapter 4

Research Findings

Exploring how supervisees develop R/S competencies in supervision, the constructivist grounded theory methodology was employed by the researcher in this study. This chapter includes (a) participants' profile, (b) a presentation of the underlying themes in the narratives of the participants, organized around the research questions, and (c) the resultant grounded theory of the development of R/S competencies. A total of nine participants were interviewed. Of the nine seven had PhDs and two had Eds. All participants had extensive experience in supervision at the master's and doctoral levels. Their models of supervision included cognitive behavioral, developmental, integral, and other models. For the sake of anonymity, pseudo-names are used for participants; and a summary of their demographic data is presented in Table 3.

Table 3

Demographic Characteristics of Study Participants

Participants	Academic Degree	Licensure & other Credentials	Experience in Higher Education	Experience in Supervision	Gender
Alicia	EdD	LPC-S; NCC; ACS	11 years	11 years	F
Benton	PhD	LPC-S	16 years	16 years	M
Celia	PhD	LPC-S	10 years	6 years	F
Birgitta	PhD	LPC-S	16 years	16 years	F
Danica	EdD	ACMHP, LPC-S, LMFT, NBCC	31 years	19 years	F
Goldie	PhD	LPC, NCC	10 years	16 years	F
Conrad	PhD	LMFT, MAC, ACS, NCC	30 years	30 years	M
Paloma	PhD	LPC	20 years	20 years	F
Hugo	PhD	QCS, LMHC, LPC, MAC, NCC	19 years	19 years	M

Besides having doctoral degrees in counseling or education, all the 9 participants (100%) were licensed professional counselors in their various states (LPC), Four of them were Licensed Professional Counselor Supervisors (LPC-S). Five of them (55.5%) possessed other certifications in various areas of the counseling field (e.g., Marriage and Family Counseling, [LMFT], National Board-Certified Counselor [NBCC], Qualified Clinical Supervision in Alcohol and Drug Abuse Counseling, [QCS], Approved Clinical Supervisor, [ACS]), National Certified Counselor, [NCC], Master Addiction Counselor [MAC].

Profile and Narrative of Participants

The average in years of experience in higher education of the participants who took part in the interviews was 18 years, the maximum being 31 years, and the minimum being 10 years. The average in years of experience in counseling supervision within this group of participants was 17 years. The least experienced in supervision was 6 years, while the most experienced participant had 30 years of practice in counseling supervision. Most of the participants (88.8%) were involved in master's level internship and practicum supervision of their students, while 66.6% were also involved with the doctoral internship and doctoral practicum supervision of their students. Some of the participants (33.3%) were also engaged in special forms of supervision (e.g., Graduate Professional Supervision, Psychosocial Oncology Supervision, Leadership and Advocacy Supervision, Integral Practice Supervision, and Community Medical Clinics Supervision. 66.7% of the participants were white Caucasian females, while 33.3% were white Caucasian males.

The models of supervision used by the participants went from Integrative Developmental Model (IDM) of supervision to the Cognitive Behavioral Model of Supervision. Included among the models of supervision used by respective participants were: The Eclectic Model, the Process

Orientation Model, the Discrimination Model, the Reflective Developmental Model, the Integrative Transpersonal Model, the Integrated Practice Model, and Motivational Interviewing Model of Supervision. In the tables and figures below are given the responses to the survey questions regarding the areas of the integration of R/S competencies in their respective practices of supervision.

Alicia

At the time of the interview, Alicia had been a licensed professional counselor for 15 years, and an approved clinical supervisor 11 years with a doctorate degree in education. Most of Alicia's work in mental health has been in the area of agency settings and community mental health services. According to her narrative, Alicia has experience working with clients experiencing severe and chronic mental illnesses, and with individuals who have experienced repeated and complex trauma.

Alicia supervises qualified mental health professionals as well as supervising counselors working to get licensed in her state. Alicia also provides supervision for licensed professional counselors (LPCs) and graduate professional counselors (GPCs) in community mental health settings. Alicia also indicated that she works part-time as a consultant in a local agency.

Alicia disclosed that she had been a faculty member of several institutions of higher learning and reported holding various faculty positions including Director of Training in a university counseling department; Associate Professor of Counseling; Assistant Professor of Counseling, in several universities; and Adjunct Faculty in some colleges of education and undergraduate psychology programs. Alicia has published academic works, in the form of books, book chapters, peer reviewed scholarly articles, manuscripts, and book reviews and has editorial experience with the American Counseling Association, and consultancy work. At the interview

Alicia talked about her work with supervisees and the contribution that the counseling profession is called to make in the lives of the people served by the profession.

Alicia regards R/S competencies as “the baseline for training.” She stated, “They are like *the bottom of the barrel* [emphasis added].” Alicia identified 5 areas that hold the key to effective development of R/S competencies in supervision. The areas include (a) the supervisor’s R/S competency, (b) supervisee’s ability to assimilate R/S competencies, (c) a focused comprehensive approach in the program’s curriculum, with attention to overcoming obstacles, (d) a pro-active developmental process of assimilation, and (e) an evaluative attention to the process of assimilation.

Alicia indicated the development of R/S competencies in supervisees begins with the supervisor’s own R/S development and integration, and she stated:

I will speak to the first [question] – that is when and how can a supervisor introduce this etc. the first thing starts with the supervisor a hundred percent. It starts with that supervisor as an individual understanding their own level of spiritual competence.

Alicia indicated that to facilitate the supervisee’s development in R/S competencies, demands the supervisors’ work on their own level of understanding of the R/S competencies.

Alicia stated:

So, there is no way, particularly when we are talking about the spiritual domain, that an individual can expect to assess competence or teach competence or being able to observe competence without having first looked at their own level of understanding. So, competence is a really wide overarching thing, and the first thing is “Know thyself.” So, you know, what is your own personal worldview in your own culture? What are your

spiritual beliefs? What are some issues that you had personally with your spiritual world?

I mean these are deep questions to ask.

According to Alicia, the next important task for supervisors working to develop R/S competencies in their supervisees, is striving to understand the supervisees and their level of development. Alicia explained it is the duty of the supervisor to explore and find where the supervisees are developmentally, and then, develop a curriculum accordingly, to meet the supervisee's developmental needs. Alicia reported this task is second in importance to the supervisor's own training in R/S competencies, and stated:

Having that foundation, the next thing that is really important is being able to understand the supervisees you are working with . . . where they are developmentally in terms of spiritual competence.

Alicia also indicated the importance of the supervisor's quality relationship with the supervisee and getting to know the supervisee well, so as to help them more effectively. Alicia discussed the supervisor's responsibility to explore how to get to know the supervisees well; and indicated that this exploration helps supervisees to learn how to explore and reflect on their own worldviews and sense of self. Alicia believed that such a reflection potentially affects the supervisee's own work with clients. Alicia stated:

For example, when I work with a supervisee, maybe a post-grad going into looking to get licensed, the first thing I would do really besides getting to know the type of client they are working with is exploring the sense of self—that Who are you? and How do you perceive the world? How do you interact with the world? And from a developmental standpoint asking the supervisees questions like: Tell me a little bit about what or how the client believes they interact with the world. How does the client make meaning? . . .

What do they think happens when this life here on earth ends? What do they do to find joy? How do they find joy? What do they do when they are experiencing a personal crisis? And many times, it is just the knowledge of that, that has spiritual content.

Alicia explained that those deep questions have implications for the foundations of training supervisees in R/S competencies. Alicia stated a belief that the integration of R/S competencies at the point of client intake is crucial to the supervisee's work with client's R/S concerns. Alicia maintained that supervisees should be taught by their supervisors how to listen for spiritual undertones starting from the assessment of clients (understood as the clients of their supervisees) in addition to using formalized assessment tools. Alicia stated:

For that initial clinical interview, asking more than just "Do you consider yourself to be a spiritual or religious person?" which is just a "Yes" and "No" question [is important]. I understand that there is a lot of background information about the client we need to get, but as you are doing that, just as you would do for cultural, ethnicity, heritage, listening for spiritual undertones, looking at the client's body language, looking at the client's clothing with observations . . . that in itself is filled with spiritual content – the idea of symbolism, the idea of meaning, the idea of grief . . . being connected to something [beyond this world]. So, in this initial intake part, teaching supervisees how to listen for that content, how to observe people and use these observations [is very vital].

Alicia also indicated that supervisors and the counselor education programs should ground their instructions on R/S competencies in a developmental approach, using case presentations and vignettes . . . in an intentional way, infuse the knowledge and understanding of how to access the client's spiritual and religious worldview throughout the entire training process especially in the foundation, ethics, and group-counseling courses. Alicia also pointed out that

supervisors should teach counselors-in-training how to assess their own level of competence, stating:

At the counselor education level, counselor education programs need to really focus, not just on one class of integrating spirituality and religion into counseling, but on infusing the ideas of understanding the client's spiritual and religious worldview throughout the process . . . presenting cases and vignettes and learning opportunities in which we are not just so diagnostically focused.

Alicia insisted that the supervisees must learn to be attentive to their clients' R/S needs by developing self-awareness, keen observation, constant reflection skills. They would need to reflect continually on what has been observed, and constantly monitor and evaluate their own performance. For instance, one area that tasks the supervisee's attention in these ways, according to Alicia, is the R/S assessment of a client in the initial intake protocols. According to her, doing the intake procedure demands listening for spiritual undertones and spiritual contents. Alicia indicated that the whole process of the integration of competencies "particularly when we talking about the spiritual domain" involves self-awareness, keen observation, constant reflection on what has been observed, and continuous evaluation of what one is doing in clinical work. But all these skills in the growth of R/S competencies in supervisees begins squarely with the supervisor whose skills in these areas would be the starting point to teach the supervisees through role-playing and other methods how to develop them.

When asked about the kind of program-related support that favors the development of R/S competencies, Alicia explained that counselor training programs need to be comprehensive in integrating R/S competencies throughout the students' learning process, not only through

mounting stand-alone courses but also infusing R/S competency contents in other related courses, especially the foundation courses. Alicia stated:

At the counselor education level, counselor education programs need to really focus, not just on one class of integrating spirituality and religion into counseling, but on infusing the ideas of understanding the client's spiritual and religious worldview throughout the process. So, in our foundation classes, in our ethics classes, and in our group-counseling classes – presenting cases and vignettes and learning opportunities in which we are not just so diagnostically focused.

According to Alicia, the fears that supervisees and counselors experience regarding R/S integration in counseling and supervision come from a perceived complexity about religion and spirituality which, supervisees and counselors find challenging, particularly when this complexity is framed in terms of a *God-talk*. So, stating some of those fears Alicia testified:

It is fear [that is the greatest obstacle]. So, it is the idea that addressing . . . spiritual content or religious content is complex and challenging . . . So, the biggest obstacle for counselors is: “What if the client doesn't want to talk about it?” . . . “What if I say the wrong thing?” or “What if they want to know about my own belief system?” “What if the client asks me to pray with them?” All this is like if we were talking about suicide — it seems personal, scary, and potentially makes the counselor vulnerable to what the client will say or ask. It is the same conversation. Which do you think is more invasive: asking a client, “Do you believe in God?” Or, “Have you thought about killing yourself?”

Alicia recommends modelling, broaching as practical ways of breaking down the initial barriers to the process of assimilating R/S competencies which she called a journey — a journey in self-exploration Alicia describing the route that proficiency in R/S competencies takes, calls

the process a journey as she asserted in the following statement: “I call it a journey! And it is not something that you can do in 30 days! But it’s something [like] most of the work that we have done. As clinicians, to become supervisors we have done this work.”

- A journey in Self-Awareness: Alicia indicated that the journey of self-exploration leads to greater self-awareness about one’s beliefs, biases, and prejudices. Alicia reporting the journey that supervisors have made in self-awareness stated: “We have a level of self-awareness and hopefully, we have looked at our own spiritual belief systems, . . . our own biases, our own prejudices.”

- A journey in Self-Knowledge: According to Alicia self-awareness produces greater self-knowledge. She included in self-knowledge “what we understand and what we do not understand” about ourselves. Alicia stated: “the key point is: ‘Know thyself.’”
- A journey of Attention to Relationships: Alicia stated: “In supervision, having to attend to that relationship together as a supervisor and a supervisee, but also tending to that relationship with the supervisee and the client is very important.”

Regarding the evaluation of the assimilation of R/S competencies during and after their internship or practicum experience, Alicia indicated that structured evidenced-based tools that can be used in numerous settings to assess and rate counselor competence in this domain are needed for the evaluation of supervisees. Alicia stated:

I think we need a structured evidence-based tool that we can use in numerous settings to be able to assess and to rate counselor competence. So, I know that there are spiritual competencies scale . . . We revised that scale. That scale is a self-report measure. It is a great tool. It is a great beginning, you know, but what would be fantastic, and it is in my bucket list, is more than a self-report measure, and a multi-observational tool. So,

basically a tool that supervisors can use, that clients could use, that the counselor could self-report themselves, and so like in the business world, it would be like a 360 degrees feedback kind of a thing.

Benton

At the time of the interview, Benton was a professor in the department of Counseling and Educational Development of a university. According to his self-report in the research survey, Benton had more than 16 years of university teaching experience. He reported having performed supervisory work with both doctoral and master's levels students in their internship and practicum programs for over 16 years. Benton reported he has been a licensed professional counselor for 30 years, who in recent years has supervised doctoral students who are learning to be supervisors and who themselves were supervising master's students during their internship.

Benton reported that his professional leadership experiences include positions and contributions to the ACA, substantial contributions to the ASERVIC. Benton has scholarly publications that include books, book chapters, peer-reviewed research articles, and contributions to academic journal articles in the interface of spirituality and psychology.

Benton stated a belief that the work of supervision is guided by the thought that "our responsibility is to make sure that the client is receiving good care," "help the counselor-in-training do that well," and "work with them where they are right in their own developmental journey." Benton reported that he works with students from various distinctive backgrounds, including those who have come with varying perspectives on religion and spirituality. Benton's self-reported style of supervision is eclectic, as he specified in the following statements, "I do not think of myself as like theoretically one thing anymore. I use a lot of approaches." Benton

indicated that he uses these approaches to teach supervisees to reflect on the “clinical challenges and opportunities” that present themselves while working with the client in front of them.

Benton indicated that he takes his cue on how to work with the supervisees on religious and spiritual concerns from the supervisees following these conditions: (a) If spirituality and religion are important to them in terms of their own life, then according to Benton, “It is much more likely that I would talk about it with them in clinical supervision; (b) Unless the supervisee’s client has very strong spiritual and religious kind of overtones in what they are talking about, “then we certainly would address it then.”

Benton indicated that supervisors would need to start thinking of spirituality and religion as a cultural aspect of an individual’s life to facilitate the development of R/S competencies in supervisees and to facilitate a learning mode in the supervisee about these competencies. Supervisors would need to teach their supervisees how to step into another individual’s religious and spiritual world. Benton stated:

I think the starting place, because everybody kind of gets it now, you know, is to think of spirituality and religion as a cultural aspect of this person’s life. . . . if it is part of how they understand themselves, even though it may not make sense to you as a supervisor or supervisee, like you may not like, I’m not at all conservative, whatever. But the point is, it is like any other cultural thing. It is like stepping inside of their world, and try to understand what it means to them. Be curious! Let them tell you, instead of assuming what you think this means for them . . . The point is to get curious and let them teach you. And they talk about that a lot you know, in multicultural literature, . . . why we are always in a learning mode around culture.

Benton also pointed out that supervisors would need to teach supervisees basic indicators and conceptualizations of spiritual concerns. According to Benton, when the client's issues make them to begin to question their religious or spiritual meaning making framework, the chances are that they are already in the domain of religious and spiritual concerns. Illustrating this point Benton stated:

And I think of it, like, when people are under stress and they are going to a therapist, obviously things are not going great. There's probably some, you know, suffering going on there. And I'm thinking about: "How does this person make meaning out of their life at this time?" And if they are a religious or spiritual framework, certainly, you know that's relevant and is coming up and they're asking like, you know, "Why is this happening to me?" or you know, "Where is God in all of this?" or, "What have I done to deserve this?" "Is God punishing me?" you know whatever the sort of framework that they might use.

Benton specified that if he noticed this kind of scenario in the presentation of a supervisee, he would assist the supervisee to engage in the kind of thinking that would help him find ways of handling the client's dilemma. Benton also reported that besides being self-reflexive and self-aware, supervisees are required to be honest with themselves about their positioning before their clients with regard to the issue of the integration of religion and spirituality into counseling and therapy. According to Benton supervisees need to be aware of the nature of their assumptions (prejudices and biases) in a non-discriminatory way. Discussing the importance of being honest in these matters Benton stated:

I do think it starts with being very honest with yourself as a supervisee. Like, where are you starting from? Like, if you hold assumptions positively or negatively, whatever it

might be, about religion and about spirituality. It's, I do think it is important to be really honest with yourself about what is your baseline around these issues. You know, it's like the person who comes into our master's program and says, you know, "Well, I'm a conservative Christian so I could never work with someone who is homosexual." And we'll go: "Well, wait a minute, you know in the ethical code, and it is really clear that, we treat whoever walks in the door."

Benton spelled out the duties of clinicians by virtue of their profession vis `a vis their personal beliefs and inclinations—while supervisees may not want to subscribe to their clients' values, nevertheless supervisees would not discriminate against a client based on the client's values. Benton remarked the client might make decisions that the supervisee would never make, but that is beside the point. According to Benton, "the point is for them (clients) to grow from where they are."

According to Benton, another area of early and constant striving for supervisees is the area of communication. Benton insisted that supervisees need to apply themselves, early in the process of assimilating R/S competencies, to learning how to broach and talk about the different identities that people hold, consistent with the demands of the art of communication. Speaking about this topic during the interview Benton said:

We do train our students a lot in our program, maybe you all do as well. But we train them very much to talk about these different identities that people hold, early in the process . . . whether it is about their racial identity or sexual identity, or, you know, whatever it might be. We invite them to share something about themselves. It is like: "Share something about yourself." We ask them: "Where are you coming from?" and invite them into a conversation about that, you know. And if somebody says: "Well I am

very religious.” “It is a big part of my life.” Then I would hope, and I would encourage the supervisee to note that this an important aspect of this individual’s life. But there would be no need for me to make assumptions.

Benton reported that he would require supervisees to think like anthropologists and ethnographers—in the sense of learning the facts from the indigenes of the culture being studied – thus embedding themselves in other people’s religious/spiritual background to find out “what’s is it like in those folks’ world?” Benton would have supervisees do this than to pathologize those religious or spiritual perspectives of clients which they (supervisees) do not fully understand or appreciate.

Benton stated that R/S competencies were like tools for creating safe space for people to feel safe, respected, and accepted, even if with curiosity. According to Benton the R/S competencies are the tools that equip the supervisor and the supervisee to honor and allow their subjects to be where they are in their spiritual journey, without imposing any values on them, but providing them a safe space to explore their own growth and development. Benton reported that he subscribed to the idea that the spiritual competencies enable supervisors, as well as supervisees, to build good relationships that permit exploration in the spiritual concerns and issues of their subjects or clients. Benton reiterated, “nothing happens in therapy until there is safety,” when he stated:

Until they are psychologically, and emotionally safe, nothing happens. So, you know, it can take a lot of work, sometimes . . . if I had a supervisee that was sort of non-religious, maybe they described themselves as, you know, just sort of agnostic, or, “I don’t know, I don’t’ think much about religion one way or the other.” Then, I would be like: “Well, this is really interesting for you, because you have somebody where this may be very

important to them. So, how are you going to hold respect, acceptance and curiosity about this worldview that's very foreign to you?" And that would be like, you know, the spiritual competencies are around this creating space for a person to be where they are in that journey, and that your job isn't to tell him, "It should be different." It isn't to talk them out of their religious perspective.

Benton claimed: the question of the evaluation or assessment of the degree of assimilation of the R/S competencies in the supervisee is relative to each supervisee and their prior preparation and experience before their supervision program. Benton's line of argument in this matter is captured in the following passage:

I certainly think in clinical supervision, just like we've been talking about where the client might be developmentally in their journey; the same is true for the supervisee. They come into clinical supervision, at whatever point in their life. They may be young at 24 years old in a master's program, or they may be much older with a lot of experience, but they are not, you know, a blank slate. They come into supervision with a lot of story and history and beliefs and all of that kind of thing. And we, I think, as a supervisor, we have to work with them where they are right in their own developmental journey. But a lot of that, I think, is trying to understand where they are first, like: Where is the supervisor in their life? And then in terms of the competencies, it may be: Can I help them get, as we said earlier, more curious? That might be a win for that person. For another person who's very spiritually oriented, maybe they're older, maybe they've done work on themselves. Maybe they have more psychological spiritual maturity, whatever that might be, it is going to look different. Right, because the conversations that we can have in supervision are going to be just more nuanced and complex. But I think it's like .

. . getting them [to be] aware that . . . these competencies [are] as a guide, and they are not rules—in as much as they are like pointing us to a better practice.

Celia

Celia is a white female counselor educator from the east coast of the United States of America. At the time of the interview, Celia was an Associate Professor of Counseling in a university in her state. She is a Licensed Professional Counselor (LPC), a Licensed Professional Counselor Supervisor (LPC-S) and holds a doctorate degree in counselor education. Her areas of specialization include addiction counseling and multiculturalism in counseling. Celia reported she has more than 10 years of university teaching experience, and more than 6 years' experience of supervision of students at the doctoral and master's internship and practicum levels.

Celia also reported that she has many publications including academic research papers, scholarly articles, workshops, and conferences. Celia explained that her leadership experience includes services in the ASERVIC and also leadership roles in Association for Counselor Education and Supervision (ACES). Celia also stated she has performed volunteer work in Community Services in more than one state and engages in professional consultation with various establishments and training centers.

Celia explained her preferred model of supervision is the Discrimination Model of supervision developed by Bernard (1979). Celia further explained the model comprises three supervisor roles or functions—i.e., teacher, counselor, and consultant, which are alternated as needed in the supervisory project. Celia pointed out that in this supervision model there are also, three areas of focus—conceptualization, intervention and personalization. Celia's stated belief is that supervision and counseling practice should respond in culturally sensitive ways to supervisees and clients; and that this would include responding to the religious and spiritual

concerns of supervisees and clients. Celia reported she sees the development and integration of R/S competencies in supervision as part of the general development in multicultural competencies. According to Celia R/S competencies are like the other competencies required in the domains of multicultural and social justice counseling, multiracial and biracial counseling, military populations counseling, LGBT counseling, etc. Celia indicated that she integrates the development and assimilation of ASERVIC competencies by the supervisees into the general discussion of all the competencies that counselors need to practice competently and ethically. Celia remarked:

I am currently supervising doc students . . . so, in terms of the spiritual competencies, I really like the spiritual competencies, as my students read the competencies for multicultural clients, or, we have competencies for multiracial and biracial clients, competencies for military populations, competencies for LGBTQ and Trans, then, I add in, the ASERVIC spiritual competencies as well. So, my students can really see that these are foundational part of multicultural competent counseling. And so, when I integrate the ASERVIC spiritual competencies into my supervision, it's very much under the umbrella of multicultural competence and how we need to broach and assess and respond in culturally sensitive ways to all of our clients, diverse cultural identities, which includes their spiritual and religious identities as well.

Celia explained that the first step in all multicultural competencies' development which according to Celia includes religious and spiritual identities, begins with both supervisor's and supervisee's religious or spiritual self-awareness as she expressed in the following remarks:

An awareness of the counselor's or supervisor's religious or spiritual identity is important too. I tell my supervisees that I need to be aware of what it means to be a white female

that is able-bodied and heterosexual in order to understand how I present to my clients and the interactions. And so, understanding our own cultural identities, including our religious and spiritual identities, I think, is that first step of multicultural competence. So, I think that there has to be an awareness, or an understanding of the clients' religious and spiritual identities, but also the self-awareness piece, too [of the counselor].

Celia indicated that she integrates the four domains of the multicultural and social justice counseling competences framework into ASERVIC's competencies in addressing R/S competencies development in supervision. Celia stated:

I always use the four domains of the multicultural and social justice counseling competencies as a framework for ethically and effectively addressing religion and spirituality in counseling . . . I do also agree with you that there are some things that are universal I think there are some kind of existential things that everyone experiences like finding purpose and meaning and things like that. So, I think that that can be helpful to have as a framework. But I also think, at least for my supervisees who have addressed religion and spirituality very directly. We rely, I just enjoy relying, on competencies and models and so they tend to rely on that multicultural and social justice counseling competencies, as a way to frame their work. And then the ASERVIC competencies can kind of fill in, where there might be some missing pieces, and I've seen my supervisees who are very religious do this effectively and my supervisees who would not identify as religious do this effectively.

Celia further explained that in addition to the use of the above-mentioned framework to facilitate the development of R/S competencies in supervision, she also employs the strategy of broaching to introduce R/S topics at the beginning of supervision. Celia indicated that in the later

stages of supervision, she would use case studies, discussions on spiritual identities, spiritual life-maps, dialogues on diverse spiritual traditions, to cover the knowledge base on religious and spiritual competencies. Celia's stated objective in carrying on this way is to get the supervisees to "have basic understanding of religious traditions and spirituality." Celia further clarified this when she stated:

They should have a basic understanding of religious traditions, spirituality, they should be able to meet that if a client identifies as Buddhist, they should have some conceptualization of what that means for the client and be able to understand the client's worldview.

Celia reported that she expects her supervisees to be able to meet the needs of clients, their religious and spiritual identities notwithstanding, even if a client identified with an unfamiliar religion, supervisees should have some notion of what that means for the client and make some effort at appreciating their client's worldview. Celia stated that she does not believe that the domain of religious and spiritual concerns in therapy are separate from the other domains of counseling, and so she insisted stating:

I don't think that this topic of religion and spirituality is that separate from other things we do within counseling. So, if you think of almost any counseling theory, like I'm thinking of Adlerian theory, you're going to assess your client's private logic; [if you use] the cognitive theory, you're going to assess their core beliefs. So, if those happened to be spiritual or religious in nature, you're still relying on your theory to guide your work.

Celia claimed she teaches her students not to dichotomize between doing counseling and integrating religious and spiritual concerns and issues in therapy when she declared: "So, that's

another thing I tell my students, too.” And she added: “Sometimes they feel like, you know, I have counseling over here, and then addressing religion and spirituality over there.” Celia stated that she also teaches supervisees how to facilitate the transition from theory to practice with some spiritually based interventions, when she said:

There’re also quite a few religious and spiritually aligned interventions that I teach my students like Worthington’s forgiveness work. I think that, that can be very aligned with spiritual growth and development. And we talk about Fowler’s faith development model and how to use that in our conceptualization of clients. We talk quite a bit about spiritual struggle and spiritual abuse, and if you don’t have a sense of those constructs, your understanding of your client might be limited, and you might not employ the right interventions . . . It’s not necessarily like a separate lecture or a separate discussion on spirituality, it’s just integrating it with all the other topics that we teach.

Celia stated a belief that supervisees should have some preparatory courses leading up to their practicum or internship clinical practice and that among these would be some courses or a course specifically on diversity that includes spirituality including ASERVIC’s (2009) R/S competencies. According to Celia, in her personal experience in graduate school and in the institutions in which she has been involved in counselor education, these pre-requisites were put in place. Celia testified that:

The programs that I’ve been a part of either as a student or as an educator, we have at least one diversity course right at the beginning of the program, or very close to the beginning of the program, where in that diversity course, we would cover the ASERVIC’s spiritual competencies. So, we talked about spiritual and religious diversity. And so, in that topic area, you know, we talked about different religious and spiritual

traditions. We also talked about different forms of religious oppression for marginalized religious identities. And then we talked about ASERVIC's spiritual competencies and how we can effectively address religion and spirituality in our clinical work. So, everywhere that I have worked or been a student, we are exposed to the ASERVIC's spiritual competencies in a diversity course prior to seeing clients, which I think can be very helpful. I always want my students to take all their courses before they see clients because they all seem so important . . . But I do think understanding cultural considerations and culturally responsive counseling, which I think includes being sensitive to religious and spiritual issues and being able to address them effectively and ethically needs to happen prior to actually seeing clients.

Celia indicated that supervisees also need to know the distinction between non-prescriptive religious and spiritual integration and prescriptive spiritual direction. Celia explained that the two activities (integration and direction) take place in different contexts and have different methods and aims towards their recipients. Celia further made this clarification:

Spiritual direction is prescriptive. It is telling people how to understand either sacred texts or to make meaning of their religion, and it's much more directive in nature. It is like [those who are seeking spiritual direction] they're looking for answers from a spiritual guide . . . We as counselors don't fall into that role, so we are not [spiritual directors] unless you have some sort biblical or pastoral training, and you are not sitting in that directive seat where you are telling a client what to believe. That is more of a role of a spiritual director.

According to Celia, a corollary duty for supervisees, arises from the distinction made above between spiritual integration and spiritual direction, and is for supervisees as counselors to

always give accurate representation of themselves before clients; and not to engage in interventions for which they have not received formal training, even if they see themselves as religious or spiritual, or feel tempted to offer biblical counseling. Celia reports she encourages supervisees to only identify with the training they have received and the credentials they have earned.

Celia also pointed out a similar and related issue—the imposition of values on clients, and how this “imposing values” on a client, borders on being unethical in practice. Celia reported that she reminds her students of the need to refrain from imposing their own values on clients, which could also mean not to discriminate against any client on the basis of their religious or spiritual affiliations. In the following passage Celia discussed this issue:

We cover these in depth as well especially with my doc students who are going to be supervising. We talked about the ethics around imposing values and so just like anything else, we don't tell our clients what to do or what to believe. So, we talked about that, and I also mentioned the legal cases that have happened recently about counseling students who have a conflict, or values conflict that has to do with religion, spirituality, and counseling particular client.

Celia narrated how she helps her students to understand that the idea of imposition does not necessarily mean imposing one's own religion and spirituality on others. When asked for a concrete example of what this means, Celia told of her experience with some of her students and stated:

I've had masters level students when they take the addictions class expressed some reservations about making a referral to a 12-step program that meets in a church or a 12-step program that speaks about a higher power because they themselves don't believe in a

higher power. They don't consider themselves religious and spiritual. And so, we talked about that from an ACA code of ethics standpoint in what that could be an imposition of values for not referring to a 12-step program because of the spiritual nature, rather than presenting the referral and letting the client decide if they want to go or not.

Celia also pointed out that what supervisees would need to do to facilitate their assimilation of R/S competencies is to learn to overcome their fears of addressing R/S concerns and issues in counseling and having the courage to face the obstacles or hurdles that challenge their efforts. Celia reported having spotted another error at the opposite end of the spectrum from the imposition of values - the debilitating fear that paralyzes some students from taking a proactive approach to broaching the topic of R/S concerns in counseling. Identifying two kinds of student population that grapple with this fear Celia described this situation:

In my supervision practice, I've had counselors who struggle with the topic of religious and spiritual conversations in counseling for two reasons: one is they may be spiritual and religious themselves but they've kind of absorbed this message that you're really not supposed to talk about religion in counseling, so, there's a little bit of fear around addressing it. And that is why when I talk about it as multicultural competence, it gives them freedom to explore it just like any other aspect of a client's cultural identity. Then the other side of the spectrum is when I have students and supervisees who are not religious or spiritual themselves, then they either feel like: "Who am I to discuss this with someone because I don't adhere to any of these beliefs?" Or there even just might be [reasons why] it doesn't come into their minds to ask about religious and spiritual identities because they don't possess a religious identity.

Celia also described other strains of the fear of involvement with religious and spiritual concerns in counseling, like those arising from the fear of making mistakes as revealed in questions like: “How much are we allowed to talk about religion and spirituality before we’re crossing some sort of line?” “What if I’m accidentally imposing values, and I don’t mean to [do so]?” Celia explained that she takes care of these fears and worries of supervisees and students by going through with them what it means to impose values in counseling.

Celia explained that she encourages supervisees to cultivate and use the explorative skill as a tool to explore (a) their awareness of their own spirituality, (b) their client’s values and goals, religious and spiritual issues, (c) and accompany their clients and explore with them in curiosity their religious and spiritual experiences. Celia narrated how she helps supervisees to overcome their fears by assisting the supervisees to view R/S integration from the perspective of multicultural competence which Celia reported gives the supervisees the freedom to explore their clients’ R/S concerns with ease. For instance, Celia stated:

And that is why when I talk about it (i.e., R/S competence) as multicultural competence, it gives them freedom to explore the religious and spiritual concerns of clients just like any other aspect of a client’s cultural identity. . . We talk a lot about my students own religious and spiritual identities and in one class I had them do a spiritual genogram or a spiritual life-map, you know, some experiential activity so that they could explore their own spirituality.

Celia reported that she encourages her supervisees to explore their client’s values and goals, from her own clinical experience working in addictions counseling, and to match their client’s behavior with what they had discovered in their exploration, and check for discrepancies. Celia stated:

So, yeah, I think exploring, you know, cognitions, beliefs, values, that's a big part of Motivational Interviewing which I use in addictions counseling quite a bit. You try to explore the client's goals and values to see if there's a discrepancy between them and their behavior.

Celia also pointed out that supervisees should embody empathy in their manner of being with their clients and have an openness to address their religious and spiritual concerns.

Discussing this factor Celia stated:

Yeah, I would say they would need to have empathy; that I think if they can understand the lived experience of their client, and communicate that back to their client, like if religion is very important to a client and if a counselor can have empathy for that importance and validate how important it is and meet them there and explore with them; that to me is very useful as opposed to a counselor who either minimizes it, or over identifies with it, because they identify as religious or spiritual. So, I do think that there needs to be some ability to empathize with a client regarding their religion and spirituality.

Celia also indicated that the ultimate goal in supervision, generally, is to lead the supervisees to the point where they are able to do clinical practice with reflexivity on their own, and she described how it functions when she said:

If people can be reflective in the moment and think, you know, 'How am I being perceived by the client?' 'How is the client responding 'to me?'' and, 'Have I all of these competencies and ethics in mind?'

Celia gave an example of using self-monitoring reflexivity to unpack unethical practice, as it comes handy as to counter the imposition of values on clients, in this illustration:

If I had a client who is in the military, and the counselor was very like anti-war, an imposition of values would be telling the client things like: “You know, you shouldn’t be in the military.” “You shouldn’t be doing these things.” “War is wrong.” So, we can impose values in any realm, it’s not just religion and spirituality.

So, with the self-reflexive questions: “How am I being perceived by the client?” “How is the client responding ‘to me?’ and, ‘Have I all of these competencies and ethics in mind?’

Celia reported that she felt “like students can benefit from really unpacking what it would look like to impose values on others; and how they would recognize it if they were doing so.” Celia concluded that “In this way, they can monitor themselves, and make sure that they’re behaving ethically.” Celia observed that “[the] ability to be that reflexive comes a little bit later in their development.” Commenting on the benefits of the development of reflexivity in supervisees Celia stated:

So, I think, to be able to be reflexive in that way could probably help with the counter transference issues that might develop around spirituality or any kind of biases or those fears and, I think that time in development under supervision can help them get there.

Celia expressed concern that if supervisees do not learn to use reflexivity in their practice you would have a situation of too much dependency on the supervisor and she stated: “you’re going to have very high dependence on a supervisor like telling you if you’re doing things right or wrong.” Celia’s closing observations on this topic is captured in the following remarks: “I mean, I think that’s why, you know, they’re in supervision so that they can practice that reflexivity with more advanced supervisor until they are able to then do more of it themselves.”

Celia stated her belief that R/S competencies are not totally different from the other competencies needed for competent practice of professional counseling and therapy. Celia

suggested that techniques and methods in R/S competencies and interventions should be integrated into existing counseling theories or at least be aligned to them, as a way to provide a framework for them, “And then the ASERVIC competencies can kind of fill in, where there might be some missing pieces . . .” According to Celia the trajectory of counseling resolves itself into three major domains: (a) in-session behaviors, (b) conceptualization, and (c) interventions. Celia stated that all of these “need to be informed by the client and the client’s culture, which would include religious and spiritual identities.”

Celia’s self-reported style of presenting the R/S competencies to counselor educators and supervisors is characterized by the quality of being intentionally integrated under multicultural competencies as her own narrative testifies in the following comments:

When I integrate the ASERVIC’s spiritual competencies into my supervision, it's very much under the umbrella of multicultural competence and how we need to broach and assess and respond in culturally sensitive ways to all of our clients, diverse cultural identities, which includes their spiritual and religious identities as well. And so, I sometimes have students say that they didn't really think of religion and spirituality as a cultural identity. So, that's, I think, a helpful conversation to have, that is, when we think of culture, we think of race, ethnicity, age, gender, sexual orientation, ability status socioeconomic status and also spiritual and religious affiliations so I find that my students, really, take to that pretty well.

Celia also reported that the developmental approach marked her multicultural style of presentation. Celia clarified that “this is just to say how important it is to really understand our clients developmentally and where they might be in these different stages.” Explaining this further Celia stated:

There're also quite a few religious and spiritually aligned interventions that I teach my students . . . it's not necessarily like a separate lecture or a separate discussion on spirituality, it's just integrating it with all the other topics that we teach. So, like, I teach the racial identity development model, the Fowler's faith development model, and sexual orientation identity and development model, like all in the same class . . . A separate religious lecture, or course, or class, does not have to be introduced for every aspect of the development of R/S competencies.

Celia indicated that "broaching" was the common way of introducing the topic of religious and spiritual integration in professional counseling and therapy. Celia stated that several factors contribute to the use of broaching as a method of initiating the topic of religion and spirituality in counseling practice as well as in supervision. Celia stated that she regards broaching as an appropriate method because of the sensitive nature of these topics and the fear and trepidation that surrounds them in the experience of many clients, supervisees and supervisors. Celia reported that from her years of experience in supervision that she has come across counselors "who struggle with the topic of religious and spiritual conversations in counseling" and she pointed out also that for some clients, supervisees and supervisors, it might feel strange to bring in religious and spiritual issues in counseling and in supervision and she stated:

They might not feel like that's appropriate to do, or that [they are supposed to be separated] there is supposed to be some kind of separation, which is why I tell my students that the counselor broaching the topic is so important because the client might not feel like they have permission to go there—to get into that topic.

Another reason that Celia reported for using broaching as a way of introducing R/S competencies in supervision is that in her experience, religion and spirituality are delicate areas in people's lives, especially when people of different creeds and beliefs gather in a mixed group. According to Celia the counselor needs to be "sensitive" to all religious and spiritual identities. Celia gave an example of this with her supervision class, and stated:

In my supervision class, I actually have some case studies in which a supervisee is working with a client who identifies as Jewish or Muslim or Sikh, and we talked about how the supervisee would ethically and effectively broach their religious and spiritual identity. So, we talked about broaching, just like we do with race and ethnicity, but we apply it to religious and spiritual identities.

Elsewhere Celia stated:

But I do think understanding, cultural considerations and culturally responsive counseling, which I think includes being sensitive to religious and spiritual issues and being able to address them effectively and ethically needs to happen prior to actually seeing clients.

Celia explained that broaching also underscores the elements of both interest and investigative curiosity and wonder when she expressed:

And so, I think if we don't ask about it [religion/spirituality], if we don't have that curious stance, it could be sending the message that as a counselor I don't feel comfortable talking about it or it's not important to our work together. And so, I would say just like any other cultural identity, we should be curious and broach religious identities as well.

Celia concluded with her statement that broaching also has an element of ethicality in it.

Celia added:

I'm referring to broaching, as how we are ethically called as counselors and as supervisors to broach our clients' and our supervisees' cultural identities . . . And so, I teach my supervisees or supervisors, in class, to do the same thing with religion and spirituality. So, they might say something like: "I noticed that you indicated on your intake form that you identify as Jewish; and I wonder what it's like for you to work with a counselor who doesn't identify as Jewish or who identifies as a different religious tradition and how that might impact our work together." Or "Can you tell me a little bit about what being Jewish means for you?" So, I think all those types of questions that would fall under this umbrella of broaching are very appropriate; because if we don't, we risk, not understanding our clients are having an incomplete conceptualization of them.

Birgitta

Birgitta is an adult White female professional counselor from the southern region of the U.S. At the time of the research interview, Birgitta was lecturing in a university in the western region of the U. S. Birgitta reported she holds a doctorate degree in Counselor Education and is also a Licensed Professional Counselor (LPC), and a Licensed Professional Counselor-supervisor (LPC-S). Birgitta stated she has had over 16 years of university teaching experience, and 16 years of supervising both doctoral and master's levels internship programs, as well as doctoral and master's level practicum. Birgitta reported that at the time of this interview she was the director of the counselor education program in a university. Birgitta expressed that her areas of specialization include counselor education and supervision, R/S integration to professional counseling, and the use of creativity in counseling. Birgitta explained that her professional interests include grief work and end-of-life issues, creative therapy and life transitions. Birgitta reported that she has had numerous publications that include book chapters, and scholarly

reviewed articles. Birgitta has also given numerous workshops, conference presentations, and seminars.

Birgitta expressed the domain of the development and integration of R/S competencies into therapy and counseling supervision belongs to her area of interest in professional counseling practice and in counselor education and supervision, where she has worked for the most part of her professional life. Birgitta testified that engagement with the spiritual competencies tends to bring about greater broadening and deepening of both the supervisor's as well as the supervisee's spiritual perspectives, enlarging their religious language repertoire, as well as facilitating their ability to communicate spiritual realities in those who exercise them. Birgitta reported that her testimony is both from her work with supervisees, and from her own personal experience of engaging with spiritual competencies in supervision; and so, she stated:

To me, I have had it [the exercise of R/S competencies] affect my religion and spirituality . . . But it has deepened it. And it's given me other ways to connect with spirituality . . . It's not necessarily moving away from what I do, or moving away from what I think or feel, but it's given me some other options out there. It's like having the vocabulary when a person comes into the communication techniques class, and all they know for their emotions are happy, sad, mad, glad, afraid. And they don't know many words, [because] they are limited in their thinking and understanding of emotions. So, once their vocabulary broadens, they've got a better view of what emotions are, as well as a better ability to experience their own emotions.

According to Birgitta, the effort to engage this domain deepens not only the competencies in R/S development and integration, but also one's own spiritual perspective and spiritual life.

Birgitta expressed belief that facilitating the development of R/S competencies in supervisees, would need a process of familiarizing supervisees with the place of religion and spirituality in counseling and therapy through a conversation on this topic. Birgitta explained that this can be done through several channels as she indicated in the following passage:

I think part of it is getting people to start getting comfortable talking about spirituality and religion, and that can be done in any class. Even in the research class, handing them, a research article to review, that is, that has something about spirituality and religion or is about the spiritual competency something like that research study for that, it gets them to having to write down, and start talking about or writing about spirituality and religion and getting comfortable with it.

Birgitta also suggested that supervisors should approach the training in R/S competencies from a developmental perspective, arguing that everyone is in the process of growing, building up, developing, and realizing their spiritual selves:

Letting people know that one is not born fully formed religiously or spiritually, but we grow, we develop and that the students and supervisors and clients are still developing. So, and I'm still developing. So, recognizing that our base may change somewhat over the years. So, it's okay to put things out tentatively and say: "I think this, but I'm not sure." And that's okay to say. Um, and so getting people to talk from ["the cloud of unknowing."] I like to think of "the cloud of unknowing," you know.

In her later comments in the interview, Birgitta indicated that to talk about "*the cloud of unknowing*" is like a similitude for being comfortable with being tentative about our own uncertain head-trips regarding religious and spiritual realities, realizing that we hold fast to God by love not just by thought. Birgitta stated that:

It is okay to say, 'I don't know' [to check becoming too dogmatic about our positioning], recognizing that our base may change somewhat over the years . . . Yeah, "I can tell you what I think and feel, but I really don't know."

According to Birgitta, the supervisors would need to encourage growth in self-awareness in themselves as well as in the supervisees. Birgitta identified self-awareness as a factor that will always be present ("all the time") in the entire process of developing R/S competencies. Birgitta stated, "Right, as far as that self-awareness [is concerned], that to me is something that we all (supervisors, supervisees, and clients) have to struggle with all the time." Birgitta explained that self-awareness is immersive and engaging in its trajectory; and as a learning tool, it creates the situation where all the senses are involved leading from one piece of the puzzle to yet another piece. Describing this process Birgitta stated: "I think because the more we become aware of one piece, we find other pieces to become aware of."

Birgitta reported that she regarded the meaning-making approach in life as "the crux of existence," the source of what gives purpose to life, and the link between therapy and spirituality. Birgitta argued that the spirit of one's soul is both (a) what drives the individual to make the effort to go on living, and (b) the imperative to find meaning in one's life that individual retains; and as such, the spirit is a *bridge* that leads naturally towards connecting religion and spirituality (as sources of meaning) to counseling and to supervision, where R/S competencies are developed and integrated. Birgitta pointed out the need for supervisors to help supervisees to pay attention to the factor of communication between supervisees and their clients and the kind of language employed in that communication. Illustrating this with an example of how she helps supervisees who may not be widely exposed, Birgitta stated:

I think some people who come straight from undergrad to grad school and haven't been exposed to a lot in the world, might be offended by a client who talks about God as "She." It may be difficult for them to use, "she" for God. In which case, I'm going to question them about what's difficult: "Why is that difficult for you?" "Is it because God is a man?" Huh. Isn't God omnipresent? Isn't God, everything? And if God is everything, then God also has female qualities. So, God is a "He" at some times, and a "She" at other times. And for this client, in order to feel God, it's the feminine they feel. So, it's the "She." So, helping them see that, because it may be language, and I'm using words now, but I think "she" and "he" and so forth, are very charged words. [They are very charged words] for some clients. Because of that, the supervisee needs to become more aware of how their prejudices about God being male, or [their] biases are interfering with their ability to say "she" comfortably and connect with the feeling of God as a "She." One thing is to say it; it's another thing to connect with it.

Birgitta reported she also targets special issues that present with supervisees and clients (i.e., areas of special concern that really seem to fit with spirituality, like death, grief, loss, etc.) and uses them to explore supervisee's or client's spirituality and religion, and to address relevant religious or spiritual concerns, using those as occasions to teach R/S competencies as well.

Offered as an example, Birgitta stated:

Well, I think, for example the loss of a child. Many people who lose their children, whether they're grown children or babies, have difficulties. I shouldn't say many, I should say all of them have difficulties. Because it's a difficult thing to have happen to one. So, for that person, especially if the child is more than just a baby, you know, where they haven't had a relationship with the child, other than in their womb, asking them what it is

that their child would want to say to them, e.g., “What message would their child want to give them?” “How would their child want them to approach their deaths?” “And then [how would their child want them to approach] their end and the parents’ continued life?” Being able to tap into that can give some meaning. So, being able to realize that for the child who was only eight or nine, for example, and dies, it's probable that they would have said to their parents: “You are good parents who loved me.” And that can be very comforting rather than: “I lost my baby.” So, being able to change “I lost my baby” to “I was a good parent” and “I loved him” [is very comforting].

Birgitta also identified advocacy for R/S competencies’ integration, in counselor education programs by supervisors, as one the ways to facilitate the development of R/S competencies in supervisees. According to Birgitta, this advocacy would involve the promotion of these competencies especially in professional counseling supervision according to the provisions of the ACA Code of Ethics and the requirements of CACREP, which would assure its inclusion and integration in the curriculum of counselor education institutes. According to Birgitta, the whole idea of integrating religion and spirituality into counselor education programs is not well received in many quarters, especially in public institutes and universities. Birgitta reported that the following anecdote—is from her own personal academic involvement in public universities, and she shared:

A lot of people work in public school systems. I worked for a couple of years teaching and supervising in a public university. In some states it can feel questionable whether I can bring spirituality and religion into the classroom or into the supervision room; because it's a public university. And some of the universities, especially for a new counselor educator, it can feel like: “I don't know.” I don't know what the limitations are

here. I don't know if talking about religion and spirituality is going to get me in trouble. And for that piece I have to say I fall back on ACA ethics and recognizing that this is part of the counseling. This is part of the counseling profession and ACA has adopted the spiritual competencies—[i.e., ASERVIC's spiritual and religious competencies]. So, that has become part of our profession. And usually, universities, if it's connected with the profession, even if it's a public university, it's okay for me to go there . . . So, for new people who are going into working at a university that is public and they don't know what is okay, and not okay, in that state with the regulations, I would say to them, you're representing the profession, and that university and that state have agreed to put that program of study in that state. Therefore, the ethics and the competencies of your profession are part of the realm of what you should be covering, and what you should be discussing in supervision. So, keeping all of that in mind can be helpful for a new counselor educator in a public university. That is the kind of thinking that I had to go through, to make me feel more comfortable, broaching some of those discussions back then. And if you look at the [situation in some institutes] . . . a student that [was] removed because she refused to work with LGBT clients and/or [she] was going to try to change them. And because of the lawsuit [that was involved], you know, part of the ruling was that this is part of the ethics of [the profession]. So, the code of ethics that we have in ACA are part of our profession. And we would not be doing our job if we didn't enforce them, and work with our clients, and students on them. And therefore, there's legal precedents too, to include, if we take it from just the LGBT issue, all the way to ACA ethics and competencies, there is legal precedents then to include spirituality and religion in our supervision and then our courses.

Lastly, Birgitta indicated that supervisors have to constantly help the supervisees to be self-reflexive and reflective, i.e., “to reflect on themselves and on their work.” Birgitta reported that self-reflexivity, in terms of self-talk, makes all the difference and colors the lens through which the counselor perceives a clinical situation and its meaning, as well as the kind of intervention that is administered in that situation. Illustrating the effect of self-talk (in self-reflexivity) with a case of bereavement in the family, Birgitta narrated:

So . . . self- talk, even if you're [using] CBT, [colors the lens through which that loss is seen]. You know, self-talk, i.e., what you're telling yourself [in that situation makes a difference].

Birgitta offered another example of “being reflective” in supervision where the use of reflectivity directs the integration of R/S competencies, and therefore the course of interventive action taken by both supervisor and supervisee. Birgitta articulated:

Well, I think, for example in supervision, we have to keep being reflective. So, we have to constantly help our supervisees recognize that they need to reflect on themselves and on their work. So, I'm working with a supervisee who may be solution-focused, for an example, and counseling a client who's just lost somebody or lately lost several people in their lives. I will frequently ask: “What problem are you trying to solve?” And when they start thinking like: “Well, I can't solve the death, the death is reality, and that can't change. So, what I can do is get them moving on in their life.” I would ask them: “Is that what they need now?” Or “Did they need to make sense out of this?” . . . Yeah. And, you know, if you use the miracle question about “If everything was good, what would it be like?” “Well,” [they would answer] “I would have some reason. Well, first of all, my child would be here. But if that's not possible, I would, understand. And I would feel

okay about this loss.” So, if what they want to do is feel okay about the loss, then they have to make sense out of it. They have to make some meaning for it. And the meaning is personal. It's not something I or the supervisee can share with the person. It has to come from them. So, yeah, the client has to be reflective the supervisee has to be reflective, and as the supervisor I've got to be reflective.

When asked what supervisees would need to do to assimilate R/S competencies, Birgitta indicated that it required on the part of the supervisees two fundamental sets of awareness: (a) an awareness and openness to recognize the diverse and multicultural nature of the society, which includes diversity in religion and spirituality, and (b) an awareness of the intersectionality of the problems that clients present with, which includes religious and spiritual concerns. According to Birgitta these two sets of awareness helps to dismantle the blinders that prevent people from appreciating the role of religion and spirituality in therapy and counseling. Birgitta stated:

In the past, I think, universities, or programs have had their blinders on, you know, [like] the horses on the track wearing their blinders. So, [with their blinders on] they can't see here [on the right side], and they can't see there [on the left side]. So, we're just going to look at the client. But we're going to look at the client in a very rigid way, in some ways, without thinking about their spirituality, we're going to look at their problem, and not anything that intersects their problem. And so, I want to take their blinders off and help them [supervisees] see how their own viewpoint can color their thinking about their clients, and can even color the interventions that they use, and make it difficult to connect with their clients, if they're not careful. From a counseling perspective, I think, one has to recognize that there's more than Catholic, Protestant, and Jewish [worldviews] in the world. Yeah! But many people don't [realize the multi-cultural nature of the society and

the students' environment]. They make assumptions about clients when they see them; and they'll even ask things like: "What are you doing for Christmas?"; assuming that that's their holiday.

According to Birgitta, supervisees must be willing to drop or take down their blinders and be willing to learn, for a more robust assimilation of R/S competencies. Birgitta indicated that supervisees must be willing to overcome the obstacles and fears about addressing the R/S concerns of their clients.

Danica

Danica reported she is a White female counselor educator who hails from mid-western U. S. Danica stated at the time of this research interview, she had already had 31 years of university teaching experience and had retired to private practice. Danica reported she is a Licensed Professional Counselor (LPC) and a Licensed Professional Counselor Supervisor (LPC-S). Danica said she holds a doctorate degree in counselor education, and several certifications including the American Center for the Integration of Spiritually Transformative Experience (ACISTE), Certification for Mental Health Professionals.

Danica reported her area of research interest was within the domain of trans-personal experiences, and the soul, spirit, mind, and body connections. Danica indicated she has many refereed journal publications. She narrated that she has served in various academic capacities in several universities across the U.S., and in several professional leadership positions in the ACA. Danica explained that her contribution to the research interview has been informed by her 19 years of supervision experience with doctoral and master's level students.

Danica reported she sees the development and integration of R/S competencies in supervision from the perspective of Wilber's integral theory of consciousness. Danica explained

that in her supervisory work, following Wilber's integral theory (or multi-perspective) approach, she aims at a comprehensive understanding of the person (from subjective-objective and inter-subjective-inter-objective perspectives). Danica further explained that from these perspectives she assesses a supervisee's quadrant profile and the way the supervisees are functioning regarding the integration of R/S competencies. Danica described Wilber's theory as "my supervision model . . . my guiding counseling theory, and actually my 'theory of everything' for my life."

According to Danica, two main features characterized Wilber's theory: (a) the four basic dimensions or perspectives of consciousness represented by four quadrants; and (b) the developmental levels or stages of consciousness which represent the stages of organization within a quadrant. In the account below, Danica narrated how she used this theory to address supervisees' developmental needs in R/S competencies. Danica stated:

Whenever I need to assess a supervisee's four quadrant model, I want to know, you know like, if this is, you know, an African American student, and that's going to bring a particular perspective, likely to their work as a counselor, if they are an international student, whatever culture they're from, is going to bring some perspective to their work as a counselor. So, I want to know their four-quadrant profile. And I also want to know their developmental level. And then I know how to meet them where they are and how to gently facilitate if need be.

In her narrative Danica stated:

To put all four quadrants together, my supervisee might come into a supervision session with a particular counseling segment to process. We begin by watching it, and I notice at one point the counselor seemed to become distracted or preoccupied (upper right quadrant), and when I share my observation, she confirms its accuracy and reports that

the client had just said something that my supervisee reacted to adversely at an emotional level (upper left quadrant). On further exploration, she describes that what the client had said involved violation of the supervisee's moral system (lower left quadrant) derived from her devout affiliation with her church (lower right quadrant). Armed with this mutual information, we continue to explore the nuances of her reactions, beliefs, etc., in order to process how she can deal with client disclosures that violate her personal beliefs and values so that she can maintain a therapeutic, nondirective attitude (genuine empathy and positive regard) with the client.

Regarding the use of the other model of Wilber's theory – the developmental model or stages of consciousness model, Danica reported that it serves to give indication of a supervisee's level of development. According to Danica, Wilber's theory holds that, "At any given moment, each person is manifesting primarily one of the 10 levels or fulcrums (Fs) Wilber has identified." Danica narrated Wilber's stages of development, and she stated:

Around age 7, thinking shifts to rational, marking the beginning of the personal domain. Around ages 7 to 11, the child focuses primarily on learning the rules and roles of society (F4). Around age 12, the preteen may enter the conscientious level involving questioning of the rules and role (F5). Around age 16, the teen's questioning may evolve into the existential level, involving the big questions of life such as what happens at death, the role of suffering in life, and the meaning of life in general (F6). Beginning around age 21, people have the potential to proceed into the supra-personal domain of functioning. Information processing becomes suprarational-holistic knowing. In F7, the person has experiences that transcend but still include the material world, such as precognition of future events. In F8, the person has experiences not of the material domain, such as

communication with spiritual entities. In F9, the person has experiences of the source of all phenomena, both material and trans-material. Wilber says that F10 is not a level, per se, but is the experience of nonduality, whereby all phenomena, both material and trans-material, and the source of those phenomena are not-two, i.e., are One.

Danica explained that with expansion into each subsequent stage of development, several abilities also expand in the person including values, self-identity, expanded worldview, and the capacity for empathy. Danica suggested that these qualities are very important for the counselor and especially for those who get stuck in the rule and role functions and need a bigger and wider perspective on things “than just some sense that there's a one right answer to every question.”

Danica further elaborated that, supervisors have a responsibility to help supervisees to attain higher levels of the kind of development that would support their (supervisee's) functioning as counselors, especially in the domain of R/S competencies. Danica pointed out that “the more expanded stages that we experience, the more resources and perspectives we bring, the greater becomes our sense of empathy and our ability to be circumspect to consider different possibilities.” Clarifying the subject of advancing to more expanded stages of development, Danica stated:

So, people having, even the same kind of experience at different levels will interpret it based on their predominant level of development. And so, in counseling, and as a counselor, working with integral theory, one of the things I do in my four-quadrant profile creation for each client [and by extension for each supervisee] is in their subjective personal domain. I'm interested to know what subjective experiences they've had, their subjective beliefs, and so forth, around spirituality and religion. And in the culture and the systems domain, I want to know what their group beliefs are, like dogma, or philosophy. Yes, and, also in the systems domain, how and

what groups they're associated with. Are they a member of a religious group or not? Do they belong to some spiritual group that functions, outside of normal, you know, the normal institution of religion or that sort of thing? So that's all part of that profile. And the same is true with the supervisee. I want to know how religion and spirituality are in their quadrant profile. And, then help them to understand how their spiritual and religious views may relate to clients and how they can work with clients around their client's own spiritual and religious context.

Danica also shared that another area where the counselor educators can prepare potential supervisees for R/S competencies assimilation and integration is in the multicultural class. Danica expressed her conviction regarding the necessity of grounding clinical practice in a thorough grasp of the religious and spiritual piece within its multicultural context—so much so that a failure to include the R/S domain in multicultural class could eventually lead to unethical practice. Danica stated:

Another place that that the competencies could be addressed is in the multicultural class. That would be a very good fit. I think of it developmentally, but also multiculturally. So, that would be a good fit. And, absolutely I mean, this is part of why I'm an integral counselor because it is part of my initial getting to know a client or a supervisee to know their four-quadrant profile, which includes their religion and spirituality. And I agree with you that without knowing that information, it's very possible for a counselor or a supervisee to behave unethically as relates to the client's or the supervisee's religion or spirituality. So, it's important in an area that I hope is going to get more explicit attention in the future.

Speaking from her experience with the students she supervised, Danica recounted how at the end of her class on the transpersonal perspective in counseling, her students were filled with

amazement and gratitude for saving them from potentially harming their clients for lack of an integral understanding of their clients. In her narrative, she stated:

Well, of course, I would love it if every student took a course on the transpersonal perspective in counseling to learn about the kinds of experiences that people have that can be misunderstood, misdiagnosed, and really do harm to clients, if they're mishandled by the counselor. And, one of the things that my students in my transpersonal class say at the end of the class, is that when they look back on their views on a lot of these kinds of experiences at the beginning of the class, they shudder to think how they would have potentially harmed the client, based on their misunderstanding, their lack of understanding, and so forth, and they just feel so much more prepared to, you know, work with clients around these kinds of experiences.

When asked about her opinion on the prerequisite courses that supervisees need to take before their internship or practicum experience, Danica stated:

So, you know, in an ideal world, I would love that. Now the reality is, I know as a counselor educator that our master's program is already packed with material, and it's because the state requires it, CACREP requires things; and once we fulfill those requirements, we have very little room for, you know, electives and, more or less, another required course around spirituality, but I think a more realistic possibility is that every multicultural course, have a unit on spirituality and religion as a multi-cultural phenomenon, and every development course, present a theory of development like Ken Wilber's that includes in it a transpersonal phenomenon . . . the people who come to counseling and report transpersonal experiences can be misdiagnosed as having a mental disorder that's completely unfounded. The inclusion of religious and spiritual

perspectives in diagnosis and treatment courses can help students to learn about these things. So, in a nutshell, what I'm saying is that attention to this topic can be infused through the curriculum in various ways.

Responding to a question on the evaluation and assessment of supervisees' level of assimilation of R/S competencies, Danica suggested that such evaluation of the supervisee's assimilation and integration of R/S competencies can be done in a simple way by turning the competencies into self-assessment and administering them to be self-reported by the supervisees, as well as scored by the supervisor at the beginning and at the end of supervision; the difference between the two tests would give an idea of the progress made by the supervisee. Danica stated:

Well, I think I'm asking turning the competencies into a self-assessment, where there may be from one to five (i.e., 1-5). One (1) signifying "Feeling completely unprepared in this around this particular competency." And Five (5) signifying "Feeling perfectly prepared," you know, to ask them to assess themselves so they give themselves a number, and then identify one or more of the competencies where they rate themselves relatively low and ask them to do some work around that competency. Danica explained how she administers the tests in the following account:

Assessing at the end of the semester, I have them fill out that self-assessment again, and then [have them] compare it to what they had said [and the beginning of the course or internship] and see if there's been some movement. I do think that it is good enough for the student, or the supervisee to assess themselves, and the supervisor to assess the student using just a scaling just for each competency. But it would be both self-report on the part of the supervisee, but also an external assessment on the part of the supervisor. Yeah, and between those two, you know, comparing their different views and why they

answered the way they did. And, just to have that discussion. Not that there's like a right answer, but it's to open discussion and kind of open the supervisee's mind and develop some sense of development, some development plan for the supervisee. And then, doing that very same thing at the end of the semester. Both the supervisee and the supervisor. And I think that that would be it, and that's it. It's a very simple thing to just take the competencies and put a rating scale by it and write your instrument, you know.

Goldie

Goldie is a White female counselor educator from the southeastern region of the U. S. Goldie reported that at the time of this research interview she had been a professional counselor for more than 16 years and had been a university teacher for more than 10 years. Goldie stated that she holds a doctorate degree in Counselor Education and has several other academic credentials including Licensed Professional Counselor (LPC); and National Certified Counselor (NCC). Goldie explained that her research interests include spirituality and counseling, ethical issues in counseling, and substance use disorders. Goldie stated she has given many presentations nationally and internationally on research-based topics especially in the domains of her research interests.

Goldie claimed experience in counseling supervision that included doctoral students' internship and practicum supervision as well as master's students' internship and practicum supervision. Goldie reported she is department chair in the mental health counseling department of a university where she holds tenure. Goldie also narrated that she has scholarly publications that include books, book-chapters, peer reviewed journal publications and other writings. Goldie reported professional leadership as the services she has rendered; and in the leadership positions she has held in the ACA.

Goldie indicated that her style of supervision is cognitive-behavioral in approach, and this also includes the way she regards the assimilation and integration of R/S competencies in supervision. Goldie explained how she saw the development and integration of R/S competencies in supervision as a task that falls into the subcomponents area of diversity in the supervisory part of the counselor education program. Goldie offered the following explanation of using cognitive-behavioral approach to address R/S competencies in supervision:

So, with the behavioral piece, we have like the different types of rubrics which we try and kind of get the students to be attentive to the subcomponents of competencies, and the diversity, obviously the diversity components is part of that, and so is spirituality. So that kind of brings it behaviorally into their mind, but cognitively, you know, it's kind of the Socratic method, talking about you know how reflecting on the reflection pieces, through their journaling and then the deliberate practice piece. So, yeah, I mean it's certainly woven in there. We do typically, one class a semester with one group. So, usually it's I would say internship regular internship not practicum. The first internship had a towards the end I'll do a class on just spirituality and the spiritual competencies, which I always tell them it's a 15-week course that I'm putting in three hours.

Goldie described what she does to facilitate the development of R/S competencies in the supervisees in supervision:

So, my approach to supervision tends to be pretty cognitive-behavioral these days, I would say that wasn't always the case. But I'm much more aware sometimes if the behavioral nature with master's level supervises, and obviously you know the cognitive piece along with that, but it tends to be very cognitive-behavioral in nature. I also tend to conceptualize supervisees within their developmental process . . . to find out their level of

development: “Are they in stage one or two or in what stage? [I] ask questions like: “What are the experiences they're having in that stage?” And other questions like: “What does that mean for our relationship?” And “How do I move them through those early stages a little more quickly and more effectively towards being master’s level counselors?” Some of that for me is deliberate practice. I truly believe in reflection and deliver deliberate practice and I think that really helps those students connect the didactic learning piece or, the declarative memory to procedural memory, so that they make those classroom connections to real life as they go along.

Later in the interview session, Goldie also made some additions to what supervisors are expected to do to help supervisees to imbibe R/S competencies, especially from a cognitive-behavioral perspective when she stated:

I think it's through modeling [that supervisors lessen the fears of supervisees around the integration of religious and spiritual competencies in supervision and clinical practice]. I mean, what do we know about our supervisees if they don't bring up these issues? If we don't bring something up to them, they will not bring it up in the session, right? Especially if you think about diversity in general, if we don't talk about it, they don't talk about it. The same is true of spirituality. So, if we model what that looks like, I think it reduces those fears [about] how to say those words in a meaningful way in a supervision session, and with a client in ways that aren't imposing or even asking if what I'm doing feels pushy: “Does what I am doing feel pushy to you?” “Do you feel like I'm making assumptions?” Ask those questions and make those statements. I think modeling is probably one of the strongest ways we could do that. Obviously like curriculum learning

is how we learn not to impose values as well, but if you can't get it in the curriculum, you should at least be modeling it in your supervision.

When asked about helping supervisee to use R/S competencies in ethically competent ways, Goldie reported that she would usually ground their practice in ACA Code of Ethics and have them master ethical decision-making models. Goldie included practical ways of self-evaluating one's performance with clients on the issue of guarding against the imposition of values on clients, values conflicts, and some encouragement on overcoming the fear that paralyzes meaningful R/S intervention, when she stated:

So, I start with the ACA Code of Ethics. It's a good foundation. Now obviously it's not going to address every single situation, especially when you are talking about spirituality and religion. [The articles of the ACA Code of Ethics] are not going to go into specifics of how to and whatnot, but then you have things like ethical decision trees ethical and decision-making models, which are really key as well. And you know the basics that we know about imposition of values, you know when to make referrals, values conflicts, things like that, that kind of stem from what we've seen happen in the field that can be hurtful for clients. I find that most supervisees err on both or either of two ends: there's the end of "this is what I do that hurts people like I reject them because of my religious value" or, the end of "what they just don't want to approach it at all because they're scared to hurt the client." For me that one happens more often than not. I almost never see a supervisee hurt or injure client, when approaching the religious or spiritual domain. They tiptoe so much. They're so afraid [you know] that I have to push a little harder. "Come on jump into the water!" It's okay. You know, you can always ask this client, if

this is offensive. “You can always say, “I’m sorry.” You can always, right, this is, this is very unusual for somebody to just jump all the way in and do something awful. Right?

Goldie further explained that R/S competencies are cognitively and behaviorally imparted through the active participation of supervisees in role-plays, modeling, Socratic dialogue, journaling, clarifying questions, targeted reflections, and deliberative practice, self-evaluation, teaching supervisees to know how to make referrals, how to handle ethical issues, and how to resolve values conflicts. Goldie explained the expectations she had from her supervisees and the part they had to play in helping with their formation as counselors in general and R/S competencies in particular. In the following passage Goldie discussed what supervisees are expected to do before they come into clinical practice and supervision, and she stated:

Before they get into practicum and internship, they're required to look at those diversity and cultural factors in religion and spirituality. So . . . they have already learned those categories on paper and with each other, so that they've already had some experiences of some kind with those [diversity and cultural factors in religion and spirituality], where they can be in tune to that language. So, when they get to my practical and internship classes, then if they're not already identifying those themes for the client, then certainly I'm helping them see that they see those things.

When asked how supervisees go from preparation to actual R/S competencies clinical practice, Goldie gave a view of how she engages the supervisees to use reflection to familiarize themselves with the various domains of competencies, and to use reflection and deliberate practice in working with their clients, in deepening their own self-awareness, as well as in discussing their own spiritual journeys. Continuing her discussion, Goldie narrated:

Yes, I think that, at least for me, it's going to be, I think, different for different supervisors. But for me personally, you know, I go back to that deliberate practice and reflection piece. So, I want them to really reflect on different domains of, you know, competency and where they're at. If you think developmentally, I'm going to, kind of, Stoltenberg's work a little bit, you apply that reflection piece. And for me this comes in the area of a counselor self-awareness, and depends on [what kind of] what level they're in. For level-one supervisors I'm good. I'm going to probably go back to that journaling and the journal prompts, and they're going to be based on some of those competencies, you know, e.g., "When I am working with this client, do I ever hear, or do I ever attend to these kinds of religious or spiritual concerns?" "What stops me from hearing those words or attending to those things?" If I want them to be more personally self-aware, then I'm going to have them reflect on their journey, maybe what that means for them. I have had supervisees when I'm concerned about their level of awareness, I've gotten the class engaged in things like a spiritual timeline and discussing their own spiritual journeys. I think that brings a lot of awareness to people when they do that for themselves. That kind of thing, you know, some of the interventions that we use with the clients, it's ok to use them with students if we're not being therapeutic. Right?

Conrad

At the time of this research interview, Conrad was a professor of Counseling and Human Services in an institution of higher learning in his state. Conrad is a White male, and he is a Licensed Marriage and Family Therapist (LMFT), a National Certified Counselor (NCC), and a Master Addiction Counselor (MAC). Conrad explained that his professional and academic interests included the integration of spirituality and religion into therapy and counseling,

addiction counseling and therapy, psychosocial oncology studies and practice, marriage and family therapy, and supervision of student counselors and clinicians. Conrad reported that he has authored several books, co-authored many others, and has published numerous peer-reviewed articles on the topics of his professional and academic interests. Conrad indicated that he has served in leadership positions in the university where he lectures and in his local community.

Conrad pointed out that many of the things that counselors do as clinicians are already themselves spiritual interventions; and that integration of spirituality into counseling and supervision is not as complicated as most people suppose it to be. Conrad proposed that what is required most is an attentiveness to the quality of the presence of the professional counselor in the counseling room with the client, and the quality of the presence of the supervisor in the supervision room with the supervisee, among other things. Conrad expressed the belief that the development and integration of spirituality and R/S competencies is really about “real human beings having real honest relationships.” He elaborated on these ideas with the following:

I went into counseling and marriage and family therapy because I really wanted to be able to marry spirituality, spiritual direction, and clinical work into an integrated practice so that that was my interest in this. But I have made some progress in that, I think. And part of the way I do that is through the notion of presence. So, for me, how a practitioner is present to their clients, and the kinds of issues they listen for, the kinds of issues they highlight in their work as a clinician, are all spiritual issues. In one sense, I've mapped out a place in the counseling literature with publications and presentations and things like that, where spirituality is not some strange field of study. And it doesn't require a lot of specialized learning. It requires attention, listening in presence, because many of the things we do as clinicians are themselves spiritual interventions. So, when I sit with a

cancer patient, and we talk about: “How are your relationships going in your life?” “Who would you call on as a resource for you?” “Are there any relationships that need to be retrieved or recovered or worked on?” Those are all spiritual questions, in the end, because spirituality is in part about the community, we are part of, and the community we try to maintain. So, it's a very relational kind of spirituality to me, and it comes through in lots of different ways that I try to listen and be present. So, part of what I say to people is that working with spirituality is not just about God-talk. It is about real human beings, having real honest relationships.

Conrad made the point that the job of the counselor or the supervisor in the integration of religion and spirituality into either therapy or supervision is not about some “God-talk” but about the “God relationship” that helps people cater for and heal their dealings with others, to repair their broken relationships, and to build the bridges of better and greater communication. Conrad explained that he saw the supervisor’s role in facilitating the supervisees’ competencies in these areas as a work of developing the quality of their own presence that facilitates the spiritual dimension of the interventions being used in therapy sessions. Conrad articulated:

And so, [the] God-talk can be part of it—it certainly is for me both as a Christian and as a Catholic. It's the God relationship is really important. But I don't have to talk about that, to be talking about spiritual things with clients or with supervisees. My role there is to help – to help them repair broken relationships and help them begin to formulate a point of view in their life, where they are kind to other people, where they are caring for other people. And that will lead them into a spiritual way of living. And that's more important to me than whatever language they use . . . My experience tells me that a lot of counselors are anxious about talking spirituality and beginning to integrate it in, in part

because they don't want to impose their worldview on people. But also, because the data suggests that counselors and psychologists are all conflicted about their own approach to spirituality and religion. Many of them are non-believers or sort of believers. And so, they're afraid of opening up an area of conversation where they don't have a lot to say. And they don't really know what to do. This is very much like physicians who are seeing [people who are struggling with chemical issues and addiction]. You know we all see people who are struggling with chemical issues and addiction. Right? We all see them, the doctors see them, but they never ask questions about it. Why? Because they're afraid if they open it up, they know they don't know what to say. Because they don't get any education in it.

Conrad recommended that supervisees should be disposed to learn from their supervisors the following simple attitudes, understandings, and skills, which would in turn help the supervisees to acquire the requisite R/S competencies in their clinical work with clients. Conrad explains that process begins with the quality of the supervisee's presence. Conrad further explained from the perspective of the supervisee's being available for clients, and being authentic in their relationship with clients, before, during, and after counseling sessions with them. Conrad suggested that it would be insensitive to say to oneself regarding the next client that comes through the door: "Oh Christ! Here comes my borderline now, I have to see." "That's not right attitude," he pointed out. Rather, Conrad suggested that clinicians should prepare themselves fittingly to receive their clients. In Conrad's written narrative, he offered:

When I talk about presence I mean, how I am available as a human being and hopefully an authentic one, and then how available can I be to my clients, and to my supervisees.

And to do that, I think what helps me to do that is some of the very simple practices that I

learned with a religious group. Taking time before I meet with a supervisee or a client, taking meditative time mindful time, five or 10 minutes before they come in the door and envision them in my mind, and let whatever images and feelings come to me out of that, because that's really making me available for God to have into an interview and influence, and for me to be available then for my clients. I try to teach them relatively early on and its clinical relationship. I try to teach them some mindfulness practices. So that, again, they can calm down and be able to be available for another kind of influence than we normally allow in our lives and have them be available for me. One of the things that I learned early on is that being intentional about my practice. [Being intentional about the practice] helps clients and supervisees to be intentional about their presence. And so, its presence, speaking to presence. And I tried to do that in a somewhat prayerful way. So it is, and I do that after my sessions. I try to sit down and have a sense of what I did: "What did we talk about today?" and, "What's going on with them?" And one of the things when I say to clients. After we're in a relationship for a while: "Well you know I was praying about you yesterday, and dah, dah, dah dah-dah! And I have clients and supervisees look at me and said, "You prayed for me?" And I said, "Yes, I pray about you." And sometimes, it really moves me to want to say certain things to you, or just be with you in a new way. And they are all, they are uniformly touched by that. Even the non-believers, [ask the same question] like: "You pray for me?" [And I answer]: Yes, that's just one of the things I do, and I try to teach that to my supervisees and having that mindful time increases my presence with them. Because I'm listening on all channels, I'm not just listening to the words and seeing things, seeing the non-verbal, and all that—the

happy stuff that we learned in school! But I'm trying to listen to you with my sixth sense, which I think of as a spiritual sense.

Conrad stated his belief that the integration of R/S competencies into counseling and supervision can be portrayed to counselor educators and supervisors as a way of catering for the spiritual dimension of the holistic nature of the individual (made of body, mind, and spirit) i.e., including the interior dimension of the human person in counselor education. Conrad also maintained that this is grounded in both who we are as human beings created in the image of God and supported by the very nature of the work we do as counselors who use spiritual principles (e.g., hope, empathy, positive values, optimism, and positive relationships) to address clients' issues. Commenting on these Conrad stated:

There is a set of values that I think counselors would recognize as being part of the way they operate. But they don't label them as spiritual. So, beginning to think of them in that way would be a bit strange, but not entirely foreign. What do we mean by that? We all know now from research that if a counselor, has a belief and a hope in their clients successfully overcoming their problems, that translates to the client. And they get more hopeful and become more believing in themselves. That's spirituality. Having a hopeful positive attitude towards my client makes a difference. And all of us as counselors I think try to cultivate that. I think all counselors would say of their work that they are really interested in helping people repair broken relationships in their lives—that builds community. And that is the spiritual value repairing the relationships, broken relationships I may have with a parent, or with a spouse, or with a child. That move towards repair, and the belief in its value I think is deeply spiritual, because it's what's most human about us. You know if I can throw in a little thing of theology for a moment.

I think what is most human is what is most like God because that's the way she or he, however you think about that, Creator created us. Yeah, that's how we're created. We're in the image and likeness of God and to the extent we can help people realize that about themselves and value their own worth and stand up for themselves when appropriate, but also humbly acknowledged that presence in another person. Those are all spiritual activities.

Conrad commented that some of the writings of some great minds in counseling and psychotherapy were infused with spiritual principles (mindfulness, empathy, transparency, and unconditional positive regard). Conrad stated:

Yeah, as you were talking, I was thinking, I can't think of anything Rogers, for example, wrote about, that isn't also spiritual. I mean a radical acceptance of another person. Not, condoning everything they do, or every thought they have, but accepting their struggle in trying to deal with life. And sometimes they make mistakes. Okay. But a lot of the things that Rogers and other seminal writers talk about, has a spiritual [dimension], and they are of a spiritual face. And if we can begin to think of it that way. I think it really ennobles the entire practice of counseling and supervision.

In the conversation that ensued from Conrad's ideas about spiritual principles in seminal writers on human psychology and psychotherapy, Conrad recognized that it was not only Rogers' writings that were spiritual in character. Other scholars made similar contributions. Our psychological understanding of certain levels of consciousness, and higher manifestations of greater spiritual growth in individuals, has grown through the writings of scholars like Abraham Maslow, Alfred Adler, Carl Jung, and Viktor Frankl. Conrad indicated that he acknowledged that

such contributions have been valuable knowledge in addressing clients or supervisees who have attained those levels of spiritual development.

Conrad suggested that the integration of R/S in counseling and supervision could be presented to counselor educators and supervisors as an invitation to an integrated approach to counseling and supervision from a community building perspective. Conrad stated a belief that the integration of R/S into counseling and supervision can be presented through the perspective of a multicultural community building that invites everyone to the project. Conrad indicated that this approach, which does not begin with the God-talk, but begins with care, trust, respect, optimism, and intentionality, ensures that no-one is left out. Conrad's self-testimony about the reason he chose to become a counselor, it will be recalled, is that he wanted to integrate spirituality, spiritual direction and clinical work.

Referencing a priest whose integrated spiritual and social work involves rehabilitating gangs, Conrad stated, "I think that some of the most deeply spiritual ways of talking, that can really cut to the heart of what's going on in our culture, is to create a community of inclusion." Conrad reported how important it is to create a community that surrounds people with inclusion, also incorporating their religion and their spirituality, so that no one would be left outside. Conrad narrated that the priest he referenced did a huge integrated work in spirituality and social work. Conrad further explained that this priest achieved great success by approaching his task from the perspective of community building. Conrad stated:

[Gorgio] founded and runs the biggest gang intervention program in the United States. He works off Los Angeles. He deals with gang members day in and day out. And he talks about how important it is to create a community that surrounds people with inclusion, so that no one is left outside. And he talks about ways in which enemies can dialogue with

each other, and have relationships with each other, and basically build a hopeful community. I think that some of the most deeply spiritual ways of talking, that can really cut to the heart of what's going on in our culture, to create a community of inclusion.

Conrad pointed out that the integration of R/S competencies can be presented to supervisors and to counselor educators as links between the person of therapists (or supervisors), their work, and their clients (or supervisees). Conrad then gave an example of how the connection can be made between the supervisor and the counselor's integral spiritual life and the integration of spirituality into their work. He stated:

You know [the question may be asked] "How is my belief in God related to the way I treat people?" "How is my belief in God related to the relationships in my life?" Those are all spiritual questions, in the end, because spirituality is in part about the community, we are part of, and the community we try to maintain. So, it's a very relational kind of spirituality to me, and it comes through in lots of different ways that I try to listen and be present. So, part of what I say to people is that working with spirituality is not just about God-talk. It is about real human beings, having real honest relationships. And I think that they haven't really made the connections that can help them speak in an informed way about these things.

Conrad explained that in referencing "the connections that can help them speak in an informed way" he referred to the connection between the "self-of-the-therapist" (which is incorporated in professional identity in contemporary times) and its relationship to clinical therapeutic work. Conrad explained that spiritual competencies have ways of shaping the counselor's (or supervisor's) identity and competence that affects their work with students,

supervisees, or clients, (what Shaw [2020] has referred to in recent times as *therapist effects*).

Conrad extolled:

The family therapists, by and large, are very much convinced of the value of studying self-of-the-therapist issues. Looking at what issues, therapists themselves, bring to the study of counseling and family therapy and bring into the counseling room. So, the way they have talked about it is, there are a number of self-of-the-therapist courses that family therapy programs utilize. And so, I found that very simpatico because being raised as a [spiritual person], you know I was in spiritual direction for many years, so I thought, finding that kind of integration between the work I was doing and my own personal work - I found that integration very [helpful and] very valuable. When I came to my university, because some of the people I worked with were either psychologists or counselors trained in standard counseling programs that weren't necessarily ASERVIC programs, they found this talk of self-of-the-therapist a bit strange. And it took me a while to convince them. And what happened was we found out over time that a number of the students that we were educating at the master's level had enough knowledge to be good counselors. Right, they had enough training to be good counselors. But we were very hesitant to approve them as counselors because they had personal qualities or personal behaviors or ways of interaction, interacting that we couldn't approve of. So, they had all the knowledge base, and they had all the grades, but they didn't have the temperament. So, we wrote, I wrote, actually, a statement of what we expected of people that we were going to approve in our program. So, this is part of what professors call the gatekeeper function of the profession.

Conrad reported that he saw techniques and methods in R/S integration as tools that help to give spiritual grounding to clients' therapy and connect them to their spiritual resources.

Conrad expressed a belief that once the foundations for R/S competencies have been laid, the next task would be how to help supervisees to put into practice what they already know in this domain, using the spiritual and religious concepts of the clients and what the clients are familiar with, and what the clients find helpful, and what gives the clients spiritual grounding. Conrad illustrated what he meant by this with the following examples:

I think it comes down to the fact that once you leave the area principles and move beyond those foundational things, then the issue becomes, [how do we practically and concretely help supervisees or clients to resolve their issues]? What are the strategies to be employed? What are the tactics that we can use? And I think it really comes down to, and I have focused most of my energy on “how a supervisee or an individual client may be helped to find their spiritual grounding.” And I try to pick apart or pick up on what strategies and tactics they use. If I have a client who is dying of cancer, I may ask myself “Do they find going to church helpful?” “Do they find praying the rosary helpful?” “Do they find going to the Immaculate Heart of Mary Society, helpful as a group support for them?” If they do, then I encourage those tactics.

Conrad indicated that some clients may not find some of the supervisees’ proposals helpful, in which case, the supervisee would need to do more work to find out more about their clients’ religion, the spiritual supports that are available to the client in the community. Conrad further explained that the supervisees would also need to explore suitable coping mechanisms that might relieve their anxiety. So, Conrad stated:

But I also know enough to ask about them. You know, and I think if you have a counselor in front of me, that's what I do in supervision for example. “Do you know much about the religion, religious supports and spiritual supports that your client, finds useful?” Do

understand what I'm saying? So, I will ask my supervisees: “What kind of spiritual resources do they use?” “Do they use individual prayer?” “Do they watch Mother Angelica’s channel?” “Do they go to Mass?” “Do they find the rosary helpful?” Today, and these are all traditional spiritual practices.

Conrad shared an experience with a client and offered an example of what it looks like to explore a suitable R/S coping mechanism for a client. He told a story of how he explored with a client how to use meditation and mindfulness to cope with her stress and anxiety. In his explanation of what worked for the client, Conrad expressed:

I used to talk with one client who was very anxious. [Now, this will get so concrete, you may wince a little bit]. I had one client who found it very anxiety-making to have to go and sit in an MRI donut. Do you understand what I'm saying? So, when she would get in that tube, it was very anxious for her because she couldn't deal with it. Yeah, yes, so, what I did with her in a number of sessions, was walk her through, how to be mindful. What would be a mindful meditation that she could do? Was it simply to be present in the donut? That didn't work because it was too anxiety producing. But it was helpful for her to think about praying for her grandchildren. And that helped her get through multiple sessions of being in an MRI tube. Because rather than laying there with nothing to do and not being able to move and just being anxious, she was able to close her eyes, and just imagine, each of her children, each of her grandchildren, and pray for them where they were in their life and that helped her get through the 15 or 20 minutes that she was in the tube. Once she realized she could do that, she gave up the anxiety. That was a simple spiritual practice that helped carry her through an anxious moment. And so, I tried to

search for those things in each one of my clients, and I tried to get my supervisees to look for those things too, so that they could use them.

Conrad expressed two complementary approaches regarding the evaluation of the assimilation and integration of R/S competencies in supervision. He explained the first approach was to place the trajectory of journeying with and evaluating the supervisees' R/S competencies assimilation and integration, within the context of the supervisee's situation and placement in their internship or practicum experiences. Conrad continued the explanation when he stated this demands humility and authenticity on the part of supervisors. Conrad acknowledged the following factors:

In supervision, I think working with practicing counselors demands a kind of humility and authenticity. Because they are already practitioners, and for them to come to me as a supervisor means they have put themselves in a learning position. And being a learner for a professional is not always easy, particularly when we get into areas that are somewhat suspect. You know for some counselors working in an agency, for example, spirituality is somewhat suspect in the agency, usually. And so, if they're going to trust me, and we're going to be able to work together, I have to acknowledge their strengths, but also be patient. So, I because they're there in a difficult situation if they're trying to be good counselors, and they're trying to integrate something like spirituality into their practice their supervisors and colleagues at the agency might not fully understand what's going on for them. And so, they might be challenged, and I have to have some patience with their kind of wonder, how do they respond to this kind of stuff. And my being authentic is really crucial. So, if I feel like I'm, in a position, advising them, that's not where they are with their agency supervisor or mentor that I try to surface that early so that we can talk

about. So, I guess authenticity, humility, and patience are the biggest [issues in the trajectory]. Their [absence] can become barriers, but [in their active presence] they can also become strengths if I adjust them [openly].

Conrad also reported that the evaluation for R/S competencies' assimilation and integration takes the form that is generally used for the assessment of "fit for the profession" profile for the supervisees.

Paloma

At the time of this research interview, Paloma reported that she had been a Licensed Professional Counselor (LPC); and a Licensed School Counselor (LSC) for 20 years and a professor of counseling with a PhD in counseling, lecturing at a university in her state, and a director of the School Counseling program of her university. Paloma also indicated that she is also a Mindfulness Coach, specializing in helping people achieve their most important goals by using awareness to shape their vision for a positive future. Paloma explained that in her work with her clients, she uses a variety of tools to guide them, including: positive psychology, mindfulness-based approaches, and career success and leadership frameworks.

Paloma specified that besides lecturing, her academic and professional experiences include the following: (a) supervision of master's level students' internship and practicum programs, (b) mindfulness consultancy and providing coaching services for those who seek to have a fulfilling, meaningful, and happy lives, (c) facilitator-work for schools and organizations (d) researching and giving presentations; at conferences, and workshops on topics that straddle her areas of professional interest in mindfulness: e.g., child well-being, exploring the intersectionality of mind, body and spirit for optimum happiness and success, integrative

wellness, and feminist and other expressions of spirituality, and (e) writing and publishing scholarly and peer-reviewed articles on the above mentioned topics.

Paloma explained that her leadership experience includes advocacy of R/S competencies in counselor training programs. Paloma reported that in her spare time she loves walking, and hiking with family members and friends. She described herself as voyager who enjoys exploring places. Paloma described her supervision approach as cognitive behavioral.

Paloma expressed the conviction that the development and integration of R/S competencies in supervision should come naturally from the critical need to train spiritually proficient counselors who can competently address clients' religious and spiritual concerns in counseling and therapy. Paloma stated that she identified the greatest obstacle to realizing the development and integration of R/S competencies in counseling and supervision to be the lack of training for counselor educators in this domain. She further indicated that she did not have the opportunity herself to be trained in R/S competencies during her master's and doctorate programs in counselor education, and she stated:

So, I mean, many years ago when I was getting my doctorate, there was very little literature on spirituality and counseling, there was almost nothing out there. And I remember at the time you're doing a lot of reading and, you know, wondering why there we didn't have any training on how to deal with spirituality with clients.

Paloma indicated that two experiences in her counseling career got her interested in the integration of spirituality into counseling and supervision. The first experience was during a period of time when she served as a counselor in a Catholic school when a distressed 8-year-old little girl came to her with a spiritual concern. Here is Paloma's narration of the story:

In fact, I was a Catholic school counselor for a couple of years. And, you know, I was working with little kids who were talking about God. I had a client—on little client who said, “My uncle committed suicide.” She was eight-year-old girl; and she stated: “I don't think God would send him to hell, what do you think?” You know, she was hearing that from her [parents].

Paloma recalled the thoughts that went through her mind at the time, and she shared having reflected on how a situation like this one, could become an embarrassing moment without the needed training in R/S competencies. Paloma recalled how easily she could have chosen either to dismiss the child's ideas, or else enter into a controversial argument with the little child about a religious and spiritual doctrine. Paloma reported that on that occasion, she was able to hold a safe space for the distressed little girl to explore her own thoughts. Paloma concluded, “I think that spirituality is very relevant in counseling because you know if it's important to a client, then it should be important in the counseling process and also it should be important in the supervision relationship.”

Continuing her narrative about a second incident that started off her interest in spiritual competencies in counseling and supervision, Paloma recounted:

I was [also] working with cancer patients who were getting in the bone marrow transplant process. So, a lot of their reflections were, you know, [about] spirituality, religion, God, [and] existential type questions. But I never had any training [in R/S competencies] in my master's or my doctoral program. So, that really started off my interest in studying about spirituality, and then also advocating for it to be a part of the training programs, you know, for, especially master's because [it is the beginning of clinical practice]; and especially because the Master's level is the entry point into the profession. So, I think it is

critical. I think it's been in some ways displaced, you know, recently, it doesn't seem to be included in the diversity, equity and inclusion efforts, we're not talking about diverse expressions of spirituality and religious practice, [and] I think we should be [doing so]. And I think the same is true you know in supervision.

According to Paloma, the development and integration of R/S competencies in supervision is critical to the training of supervisees. This is more so especially if we are looking at the need to help the supervisees to respond to clients from a holistic perspective or from the perspective of the wheel of wellness model of well-being of clients. Paloma further explained the need to help our supervisees understand how to be open and respond to the client's expressions of their faith or their spiritual journey.

Another argument advanced by Paloma for the development and integration of R/S competencies in supervision is the fact that in counseling and psychotherapy, religion and spirituality are often pathologized and considered to be either unnecessary in therapy or unhelpful as coping mechanisms. Paloma observed that when everything has been pathologized, there was no longer any room left for faith or spirituality. Paloma stated disagreement with the idea that religion and spirituality are unhelpful or unnecessary. Paloma expressed the contrary belief that religion and spirituality form part of the indices of diversity that define cultures and peoples. Paloma indicated that supervisors could initiate the facilitation of the development and assimilation of R/S competencies in supervision by showing the relevance of religion and spirituality in the wheel of wellness so that the supervisees might value their importance in the overall sense of well-being of clients. She suggested that supervisors could start the trajectory of R/S competencies development with acquainting the supervisees with evidence-based research studies done in this domain that demonstrate the link between having a higher sense of spiritual

well-being and having a higher sense of meaning and purpose in life or lower levels of depression or anxiety and vice versa. Paloma stated:

Well, I think, opening up the conversation you know one way is to look at the like the wheel of wellness, that is pretty well known in the counseling literature and, you know, and spirituality is at the center of that, so kind of reminding people that this is a part of, you know, an overall sense of well-being looking at, and introducing some of the research. There's clear links to having a higher sense of spiritual well-being and to having a higher sense of meaning and purpose in life or lower levels of depression or anxiety. So, I think maybe kind of getting familiar with some of the research that's available, sharing that, and looking at some kind of a wellness model.

Paloma insisted that coming to the knowledge of the dangers of the potential discrimination against clients or supervisees who practice other faiths, religions, and spirituality other than the one the counselor or supervisor in which they are conversant, is a critical introduction to the development and assimilation of R/S competencies. Paloma stated:

You know, we're supposed to be meeting a client where the client is. And if one of the core values of that person's life has to do with spirituality or religion, then, I think it's up to us to kind of rise to the occasion and try to understand and also educate ourselves about what that client's particular background might be. I've been reading a little more recently about something—about Christian privilege. You know, in our Western culture, there can be discrimination against people who are of various religious backgrounds: so, if they're Muslim or Buddhist (even if you are Catholic, because I grew up Catholic in the South and that was definitely not the dominant strain of Christianity [where I grew up], and, you know, there were definitely disparaging remarks that were made about being

Catholic). So, I do feel like there's a lot of issues around potential discrimination, you know, or we're just being kind of blinded to our own privilege, even when we're working with clients from varied religious backgrounds who might have such an important practice or value or belief system that's so central to their lifestyle or their choices or their relationships. And really to ignore that to me does feel unethical.

Paloma pointed out another area of initial difficulty that supervisors could walk their supervisees through to ease their entry into the use of R/S competencies with clients – and that area has to do with how to broach the topic or theme of spirituality with clients in therapy. Paloma expressed that in her supervision experience she has come across supervisees who initially felt dis-oriented as to how to commence a conversation in this area with a total stranger. Paloma described the situation:

It is confusing I think for students when they don't understand how to begin: I mean, they ask themselves: “How do I talk with somebody I don't know what their beliefs are?” [And I tell them]: Then, you know, give them the space to explore it to tell you: “What does that look like for you?” “What does that mean to you?” And then I know one other big question or concern for counselors can be: “Well, what if there seems to be a belief or a practice that seemed maybe it's harming the client or harming other people?” And I do think that the students need some guidelines because it's [daunting], and I think that it feels a little scary, you know, to them, like: “What do I do if this person's religion seems to be discriminating against women, and how do I respond to that and stay open to their value system, if that value system is in opposition to what counselor's value, or the counseling profession values?”

Paloma reported awareness that most Counselor Education Programs have multicultural courses in their curriculum of studies. Paloma maintained that looking at the development and integration of R/S competencies demand of counselors, just a course on multiculturalism is not enough as preparation for handling R/S concerns of clients in supervision. She argued that the R/S competencies' studies should be interwoven within the other courses that are preparatory to the practicum and the internship clinical work with clients. When asked about the things that supervisees are expected to do [or to have done in their programs] to help them to assimilate R/S competencies and to integrate them in their clinical work, Paloma stated:

In our program, they [supervisees] do take, you know, a multicultural course. I think that is not sufficient. Probably in most programs [I don't think it is in our program] I mean, ideally, I think that they would have a class, you know, where they specifically learn and work through the spirituality competencies. And, they have some practice at least with each other before they start their practice with clients, working on looking at spirituality assessments and looking at the inner interplay with spirituality and mental health issues and incorporating, you know, diverse religious and spiritual practices. I taught a class at another university, specifically on this type of it and I organized around the spirituality competencies and the book—i.e., Scott Young and Cashwell's book. It was great. I mean it was such new opportunity for the students, and it was so much fun to teach it and you realize that you don't really have [sufficient] time. I think the people who teach the multicultural course, and I don't teach it, but I know that there's so much to cover, and I know they don't feel like that they can do it justice. I think it [R/S competency] should be its own course, or at least like intensive workshop. Actually [I] just proposed a grant with a colleague to create some specific training experiences for master's level students on the

competencies, but also weaving in the diversity, equity and inclusion concepts with the students and teaching it either in a class or in an intensive workshop. Getting those to be approved as a class in and of itself is a little bit challenging because there's so much other curricular requirements.

When asked about the evaluation of the supervisees' assimilation of R/S competencies by the supervisor Paloma reported that evaluation would need to be seen in terms of relying on self-report of the supervisees on their own performance, and a side-by-side rating by the supervisor.

Paloma stated:

Wow, that's a great question, and maybe a good question for the assessment experts, I'm not. But, I mean, first of all, kind of introducing them to the competencies and you could have them self-evaluate, or self-score. You know, basically like I don't know, on a Likert scale or something, like: "How confident were you demonstrating this competency with your client.?" And then, as the supervisor, you could also do like, a side-by-side rating to see, you know, what is the supervisor, noticing and what are they picking up on, and maybe that kind of like a side-by-side rating and then kind of a conversation about that might be helpful. They could also bring up areas where the students don't feel equipped, or they don't feel comfortable or confident yet. They can help you.

Hugo

Hugo indicated that at the time of this research interview he was serving as a director of Counselor Education and School Psychology Program of a university. According to his self-report in the research survey Hugo had been doing university level teaching for 19 years, and within this period he also served as supervisor of doctoral and master's internship and practicum

programs. Hugo is a White male Licensed Professional Counselor (LPC) from the Southeastern part of the U. S. Hugo reported that he has been a professional counselor for 24 years.

Hugo stated that he has authored numerous scholarly articles and research publications. Hugo reported that he is licensed as a Qualified Clinical Supervisor (QCS), Licensed Mental health Counselor (LMHC) and certified as Master Addiction Counselor (MAC), and National Certified Counselor (NCC). Hugo expressed that his areas of expertise include addictions counseling, spirituality and counseling, and counselor development.

Hugo explained that his leadership experience includes his services and leadership positions at the local, state, regional and national levels of the ACA. Hugo indicated that he has given many conferences at home and abroad, and that he does consultancy work in ethics with many establishments. Hugo contextualized the situation in which the development and integration of R/S competencies is sought in supervision, and explained that there are societal, institutional and personal constraints that challenge the development and integration of R/S competencies in supervision. Hugo summed up the situation in contemporary mainstream American society and culture as “post-religious” and “post-Christian.” He explained that the ideas of religion and spirituality are looked upon as narrow-minded vestiges of the past. Hugo further explained that this situation potentially affects institutions, supervisors, supervisees and clients, as well as the environment for practicum and internship experiences. Hugo explained the situation:

I think on the macro level, in terms of where we are in the US, anyway, as a society, and as a culture, we're kind of in a post-Christian culture which is translated to a post-religious culture, at least in mainstream society. The idea of religion and spirituality is seen as constraining, as close-minded, as bigoted, as part of what you would call the

“Cancel Culture” of social media. So, [Given this situation], I think that's the first hurdle is to help students understand the importance of assessing a client, and I generally start with their meaning making system [which] oftentimes, has direct ties to how they make sense of the world through the lens of their upbringing, through the lens of their culture, through the lens of their religion and spirituality. So, I think, as I said, hurdles include social hurdles which translate into hurdles at the university. So, in secular settings and at secular universities, you know, the idea of discussing religion and spirituality can seem to be maybe stigmatizing or imposing. [And so, the question becomes] “How do we access beliefs without imposing beliefs?” So, I think that's a hurdle is the setting in which we're delivering supervision. I think that code of ethics is not constraining, but its defining and but beginning counselors and counselor educators have a really hard time finding that line as I mentioned before between exploring and imposing.

Hugo stated that personal constraints, are encountered in terms of the different and variegated responses with which individuals in the society, the academia, and amongst supervisors and supervisees approach the integration of R/S in counseling and in supervision. Hugo offered that people generally express strong opinions either in favor or in disfavor of integrating religion and spirituality in both counseling and supervision. He indicated:

People generally are not very neutral about their perspective about religion or spirituality. I mean there's a whole spectrum right from—in favor of [religion and spirituality], to hostile to [religion and spirituality]. Right. And there's a spectrum about people's perspectives, or their beliefs about beliefs. But they generally are not very neutral. They are generally either, you know, in favor of accessing or discussing or opposed to it. I

think of that, and that comes from a personal place: their own upbringing, their own wounding, you know their own value system.

Hugo admitted that he does not intentionally integrate the religious spiritual competencies in the order in which they are noted. He stated a belief that the process of facilitating the development of R/S competencies in supervisees begins with building relationships with them. Hugo indicated that he uses an intake form to collect relevant information about supervisees regarding their past and any difficulties. Hugo stated:

I have a supervisee intake form, if you will, right, where I ask questions of them were related to their past and their present circumstances where I asked them questions about sticking points, and I give an example such as religion and spirituality. I asked them: “What it's like to work with someone like me, that looks like me, that talks like me, and that if it is my age, my gender my race?” So, all that is aimed at understanding where we're starting. So, I think that's a good starting place to recognize that there are differences between supervisee and supervisor, and that we all have sticking points. And that as soon as we can get that out on the table and discuss it, the better the clients will fare, as a result. Yes, because our relationship is the mechanism of change for that relationship. So, if we can't discuss difficult topics, then how are you going to discuss difficult topics with your client?

Hugo reported he believed that supervisors should teach their supervisees how to include religion and spirituality in the intake assessment protocol. Hugo further explained that from the very start of addressing a client's presenting issues, the supervisee should be taught how to use the data gathering instruments to collect relevant religious and spiritual data from the client,

which opens the way to broaching the topic of spirituality in the course of therapy as may be relevant and helpful to the client. Hugo stated:

Whenever I talk about holism, or even assessment, I always intentionally include this spiritual [holism: mind, body, spirit, and relationship]. You know, like as we know, one of our main data collection mechanisms during intake is the biopsychosocial [assessment]. . . And when I talk about holism or being a holistic counselor and accessing all the domains of wellness, I always talk about mind, body, spirit, and relationships. Exactly, and that's generally my entry way in—and it's through the cultural lens, right that we can't neglect someone's belief system or the impact of their belief system on their presenting concern, you know, more so than we could ignore their race, right, or their language or their country of origin or their family of origin.

Regarding the issue of broaching the topic of spirituality with clients, Hugo made the following remarks:

I think like other multicultural topics, it starts with being appropriately curious, right so, curiosity, humility, and a willingness to learn, and a willingness to find information. And then also a willingness to recognize how their stuff, or their psychological content is impacting their work with clients. So, starting with their own stuff or their own psychological content, what is getting in their way of asking questions related to client's belief systems or meaning making systems or world beliefs? Right. What is holding them back? What's keeping their mouth closed from accessing that piece? If it's about them, then that's what they need to understand that they're bringing that to the table. And then humility is important because just because someone says well, I ascribe to this belief system, you can't automatically assume that you know what that means.

Hugo reported that he is convinced supervisees need to begin their own part of the work of assimilating R/S competencies by paying attention to self-knowledge. Hugo articulated that point: “I think it's more of an infusion and kind of a backdoor approach, because I really believe it must start with self-knowledge.” Hugo pointed out his opinion that next to self-knowledge, the supervisees need to have a good knowledge and understanding about the role of religion and spirituality in their client’s life; and “whether religion or spirituality plays a role in the client’s meaning making, their belief system and how it relates to their presenting concern.”

According to Hugo, supervisees also need to find out within the community various sources of support for their clients, as well as places where referral could be made in case their clients had need for it. He added that knowing the client’s spirituality helps the supervisee to locate the relevant source of support and referral locations. Giving an example with his own practice Hugo stated:

For me, a lot of my clinical work is in the addiction field. And so, that's an easy marrying between spirituality/religion and recovery, because it embraces at least a lot of the 12 steps. And, you know, understanding that client’s belief system helps to determine what other type of support group are we going to get them involved with. And so being a person of faith myself and being from the Christian faith, a lot of students don't know about faith-based recovery programs. So, I generally introduce those alongside of like SMART recovery and Rational Recovery, and Secular on Sobriety. I talk about Celebrate Recovery, which is a Christian faith-based recovery [Support Group]. So, when I lay out options for referral, I ensure that I include all the options, not just my option. So [it] comes from my own place of like demonstrating how this is my belief system, you know,

and I believe that for me I would choose Celebrate Recovery, but that's because that's my belief system, but let's open up the entire gamut of support systems for the client.

Hugo pointed out other important qualities that supervisees need to bring with them to supervision to help them to learn and assimilate the R/S competencies. According to Hugo, these include self-awareness, self-understanding, a willingness to be probed, and a trust in the process, (“a trust in the supervisor, which is the supervisor’s responsibility to establish trust”), cultural humility, and a willingness to learn.

Regarding the prerequisite courses that supervisees need to take before seeing clients, Hugo indicated the current practice in his college, and the courses they require their students to take before engaging in practicum. He stated:

So, the way our program is designed is the first year—these are for students-supervisees’ practicum and internship before they go on to practice—they have to have a year's worth of coursework, some nine classes. And of those nine classes we ensure that we include both ethics and multicultural [counseling], right. So, both of those we say are prerequisites before they get into starting to see clients. So, I think those are two crucial aspects, because in those classes is where you would have sometimes brief, but at least some discussion about belief systems: your own, and your client’s [belief systems], and [on] how to navigate differences. An opening there—in my supervision—again, I have that supervisee intake form that I use. I have them, as well to read an article about how to get the most out of clinical supervision: about how to come prepared, how to come open, how to come with having done the research about the clinical issue; how to not just sit, you know, before the sage on the stage but come prepared with something that they would like some feedback on. So, I think that's another piece—how to prepare them for

what's going to happen in supervision. I think another thing which I know I don't do intentionally when I taught ethics, I would point people intentionally to— (there are more than three sets of competencies now but) —the three competencies that I would direct them to were: (a) the social justice and multicultural counseling competencies, (b) the ASERVIC social justice and spiritual competencies, and then (c) the LGBT, which is now SAGE, right, and agencies are working with the LGBTQ+ population. And so, those are the three sets of competencies I would direct them towards seeing and being familiar with, [and so], I started leaning into client's belief systems and cultures.

Hugo explained that he subscribed to using the journey metaphor to present the itinerary of developing and integrating R/S competencies into counseling and supervision to counselor educators and supervisors. Hugo further clarified:

I like that journey of curiosity; I am big into asking wondering questions. And so, and in wondering, I have to truly be open to how the supervisee or the client answers, like I wonder where that comes from; or I wonder why that's important to you now. So, I think being on a journey means that we need to understand that in religion and spirituality, meaning making is developmental. Right, so, there are old models of development right around spiritual development and religious development. So, where a supervisee or a client is today, doesn't necessarily mean that they will be in that same place, a year from now. So, I have to ensure that both, I'm not imposing my desire to move them forward; right, as well as monitoring the supervisee is not doing that to their clients, not moving them quicker, through their journey—not-even saving them from their pain, and I'm kind of going off on a tangent here but, you know, pain is a great motivator for change, and for age, and for shifting your lens. So, sometimes I mention this to supervisees, that the

greatest gift that you would give to someone is to let them have their pain, while you stand beside them.

Hugo described two ways that evaluations of supervisees on their assimilation and integration of R/S competencies can be done: (a) one way is to use an assessment instrument that can be programmatically created, and (b) the second complementary way would be to have discussions with the supervisees to explore their own sense of what they learned using self-report as an instrument. Hugo stated that there are instruments for measuring ASERVIC's competencies, but that they were not commonly used. Hugo made further clarification when he stated:

I know that they [assessment of supervisees] are on our evaluation forms for practicum and internship students. So, not specifically related to religion and spirituality, but more around the various cultural aspects of the client like were they able to apply those lenses to working with their clients. So, there are questions in our assessment instruments. But I think it would be more subjectively in through discussions, seeing the growth of the counselor. "Are they more comfortable diving into that pool?" "Have they gotten closer to understanding the influences their own belief systems have on how they're conceptualizing clients?" After the assessment process is over, then generally like the last supervision session, once the instrument has been presented and everything's worked out, and then I will have a "let's get real discussion." And I think that's a part of my assessment process with them too. "Where were you the beginning this semester?" "How would you judge your development, not just in your comfort and working with clients but all the aspects that we've covered this semester?"

Presentation of Themes and Subthemes in Response to Research Questions

The purpose of this study was to glean from experts in the domain of R/S integration in supervision and counseling how best to integrate the religious and spiritual competencies into the supervision of counselors in training. Employing constructivist grounded theory, the researcher strove to collect rich data from participants to generate an explanatory theory of the process of the development of religious and spiritual competencies in clinical supervision. Zoom interviews were conducted and the following questions and prompts were used by the researcher:

- How can religious/spiritual competencies be developed and integrated in the context of the supervision of counselor trainees?
- What kinds of things do supervisors need to do to facilitate the development of R/S competencies in counselor trainees in practicum and internship to address R/S diversity?
- What kinds of things, if any, might counselor trainees need to do during practicum and internship to develop R/S competencies?
- How might techniques and methods, designed to facilitate the R/S competencies in supervision, best be presented to counselor educators and supervisors?
- How might counselor educators and supervisors assess the effectiveness of their efforts in developing R/S competencies in counselor trainees?

During the interviews, the participants had the chance to discuss their experiences on the topic of this research. The scripts of each session were transcribed into a formal text or narrative and sent to the participants to verify their fidelity to the interview conversations. Table 4 shows the themes and subthemes generated from the analysis of the responses of the participants.

Table 4*Themes and Subthemes of Participants' Narratives*

Themes	Subthemes
Developing R/S competencies	Development plan for the supervisee Developmental model Spiritual development Levels and stages or phases of development
Supervision	Supervisor Supervisee Relationship between supervisor and supervisee Counselor Self-of-the-therapist Self-presence Client Self-awareness Self-knowledge
Knowledge and understanding	Self-knowledge Knowledge base: Body of knowledge in the field Knowledge of ASERVIC (2009) R/S competencies Knowledge of major world religions, spiritual traditions, and cultural identities Experiential knowledge Practical knowledge Specialized knowledge Knowledge of spiritual concerns Learning to learn
Interventions	A Strategy of infusion within existing interventions Interventions within the process of integration Exploration The broaching approach and responding in culturally sensitive ways Ethical considerations
Evaluation/Assessment	Evaluation of student/supervisee Process of evaluation Self-monitoring Self-evaluation Self-report
Reflection	Reflection, critical learning & teaching From declarative to procedural memory Reflexivity and relationship Reflexivity and meaning-making Reflection, transparency & ethical practice Reflection – A tool for broaching Reflection & deliberative practice Reflexivity & assimilation of R/S competencies Reflexivity and integrated practice

The verified texts were then coded using MAXQDA and analyzed using the constructivist grounded theory method. By a process of comparison between the texts of the participants narratives, the researcher organized the themes and sub-themes of the participants narratives as shown in Table 4 above. I identified the answers to the research questions in these themes and subthemes, which are discussed below. Table 4 which lists the themes and subthemes of the participants' narratives, reflects the major domains of R/S competencies development and integration.

Theme 1: Developing R/S Competencies

Developing R/S competencies is one of the major themes in the narratives of the participants. The development of relevant competencies in counselors for addressing the religious and spiritual concerns of clients was recognized by all the participants, who also saw the time of supervision as the appropriate time to assimilate the requisite competencies. The ASERVIC's R/S competencies were regarded as the "baseline for training" in this domain. Like other competencies for addressing specific groups in the society, the R/S competencies were regarded by all the participants as part of the multicultural competencies that all counselors were required to be acquainted with in order to practice competently and ethically. The following subthemes were identified in the participants discussions of the theme of how R/S competencies can be developed and integrated into the supervision of counselor trainees.

R/S Development Plan for the Supervisees. A developmental perspective to building up R/S competencies was recognized as an appropriate approach to helping the supervisees to imbibe the R/S competencies in supervision which presupposes developing a plan of action that involves several steps. A plan for the development of R/S competencies would need to be comprehensive, integral, and coherent— embracing multiple, inclusive and non-discriminatory

approaches and methodologies while pulling together as many perspectives as possible into a sound view of the topic.

Such a plan would need to embody a comprehensive understanding of the person including the subjective, objective, inter-subjective, and inter-objective dimensions of the person from where propositions of the development and integration of R/S competencies can be gainfully made. Thus, paying attention to all these dimensions of the person helps to get a comprehensive perspective on what the supervisees need for their growth and development, and to put them together in the plan of action.

The participants recognized that the path towards the assimilation, growth and integration of R/S competencies is a gradual step by step process that ought to be infused throughout the entire curriculum of the program of counselor education, and as one participant put it “infusing the idea about [the] spiritual domain throughout the learning process, and not just having a stand-alone course.” Thus, this requires the sort of planning that makes provision for its incorporation and alignment with the various foundational courses.

Almost all participants agree that the process of developing the R/S competencies in the supervisees starts with the person of the supervisor in term of the supervisor’s competency in this domain; thus, requiring the supervisors to take account of their own level of competency in developing a plan for the supervisees in this domain.

Developmental Model. The developmental model of growth in R/S competencies and integration was extensively spoken about by the participants. This model of development, among other things, recognizes that growth and development of supervisees in R/S competences is best attained by aligning and tailoring instruction and learning exercises to the learner’s current level of development in the R/S domain. Therefore, it is a recognition this process is going to be

nuanced and different for each supervisee depending on their background, culture, age, gender, experiences, maturity, and other demographic variables. One of the participants described the nuanced attention to supervisees in this way:

That might be a win for that person. For another person who's very spiritually oriented, maybe they're older maybe they've done more work on themselves. Maybe they have more psychological spiritual maturity whatever that might be, it's going to look different. Right. because the conversations that we can have in supervision are going to be just much more nuanced and complex, but I think it's like, it's getting them away aware that if you are able to think of these competencies as a guide and they are not like rules - as much as they are like pointing us to a better way to practice.

Spiritual Development. The “journey” metaphor was used by some of the participants to describe the trajectory of spiritual development. The metaphor of *journeying*, (emphasis mine) lends itself to being a reflection of the process involved in the spiritual development of an individual characterized by, an open, curious, wondering, changing, progressive, non-imposing, an accompanied procedure of teaching, assimilating, and integrating R/S competencies into clinical work. The issue was raised during the interview with participants whether the development, assimilation, and integration of R/S competencies entailed attaining a certain level of spiritual development? Put differently it was a question to ascertain if the supervisor, the counselor, or supervisee, each in their own role, has to have gone through their own spiritual development in order to connect with a spiritual supervisee or a spiritual client. The participants had varied opinions on this issue, especially because of lack of common understanding of what spiritual development in this domain entailed, and how to determine it.

For some participants, spiritual development included the knowledge of the major world religions and spiritual traditions, the self-awareness and self-knowledge that result from such acquaintance, as well as the ability to use the client's or supervisee's language to engage in the God-talk. For some, it meant the ability "to enter into the client's [or supervisee's] frame of reference and worldview and their inner world, even if it's very different from the counselor's or the supervisor's" [in order to connect with a spiritual client or supervisee]. For some others, spiritual development emerges from the spiritual struggles inherent in the human experience. For one of the participants, "the God-talk can be part of it, [but] it's the God relationship that is really important." It is this relationship with God that helps the supervisor and the supervisee to help their wards to repair broken relationships, or to formulate a point of view in their life, etc. It is for this reason that the place of spirituality in supervision is not simply just to make people become better practitioners, but to help them also to become better people who are in the profession of counseling. This is how one of the participants articulated it:

Okay. Yeah, I really hope that that's what happens. That's, the thing I'm most hope for, you know, I'm not in the supervision; let me say this one: I'm not in the supervision business, simply to make them better practitioners have with their clients. I'm in the supervision business because I want to help them become better people who are also counselors.

Even in the matter of becoming better people, and in the God-relationship, one participant suggested that spiritual development in the spiritual domain may be different for the different genders. She suggested that "women's spirituality may tend to be more circular and more about . . . feeling into their *groundedness* . . . [whereas] men's spirituality tend to be more transcendent and more hierarchical." However, in general, the participants recognized the value

of spiritual competence in meaning making, in formulating a point of view where people can be kind to others; where they can be caring for other people; and lead them to a spiritual way of living. It was also recognized that the supervisor's modelling of what it means to be spiritually competent would reduce the fears and anxieties that supervisee entertain about engaging in addressing clients' spiritual concerns.

Levels and Stages or Phases of Development. Regarding the stages of spiritual development, it was identified that spiritual development tends to follow human development in general. This is how one of the participants expressed it:

Well people at each stage of development, may have or participate in religion or not, and may have spiritual experiences or not. The thing is that if they do participate in religion, or have spiritual experiences, they're going to do so from their own level of development . . . So, people having, even the same kind of experience at different levels will interpret it based on their predominant level of development.

And another participant complemented this perspective and stated:

I certainly think that in clinical supervision . . . just like we've been talking about where the client might be developmentally in their journey; the same is true for the supervisor. They come into clinical supervision at whatever point in their life. They may be young at 24 years old in a master's program, or they may be much older with a lot of life experience but they're not a blank slate, they come into supervision with a lot of story and history and beliefs and all of that kind of thing. And we, I think, as a supervisor, we have to work with them where they are right in their own developmental journey. But a lot of that, I think, is trying to understand where they are first like: "Where is the supervisor in

their life? And then, in terms of the competencies, it may just be: “Can I help them get, as we said earlier, more curious?” Right?

Phases of development references, not “development” in itself, but the time frame in the supervision timetable within which certain developmental activities or exercises are scheduled and initiated in the trajectory of the curriculum. While some certain skills and knowledge base are required or more pertinent early in the program or in the middle part of the program or in the later part of the program, some others are always pertinent and required. For instance, exploration is an activity that more suited in the beginning of either supervision or counseling especially at the initial intake assessment, while reflection is always pertinent and needed all the time as an indispensable process for progress.

Theme 2: Supervision

Supervision was spoken of, in the narratives of the participants, as what facilitates attention to diversity and inclusion. The kind of supervision that the participants provided and talked about ranged from private supervision to practicum and internship supervisions at the master’s and doctoral levels within the framework of counselor education, influenced by the clinical challenges and opportunities therein. So, according to the participants’ experiences, there is a wide range of issues on the table in clinical supervision, for the supervisor, including R/S concerns, diversity and inclusion. Thus, it was within this context of providing supervision for student counselors that the development, assimilation and integration of R/S competencies was addressed in the interviews. Generally, all the participants recognized the relevance of religion and spirituality in supervision, regarding R/S competencies as part of the multicultural skills needed to practice counseling competently and ethically in contemporary times, however, always

refraining from imposing one's own values on supervisees and clients. One of the participants articulated his perspective thus:

I take my cues from the supervisee. And, in other words, if, spirituality and religion is important to them in terms of their own life and how they make sense of the world, then, it is much more likely that I would talk about it with them in clinical supervision. Unless the client has very strong spiritual religious kind of overtones in what they're talking about, and then we certainly would address it then.

Supervisor. The supervisors in this study were well-qualified supervisors and with a good amount of experience in the work of supervision. In this subsection their reflections on the place of the supervisor in the development and assimilation of R/S competencies are presented. First of all, most of the participant acknowledged that R/S development, assimilation, and integration in supervision begins with the supervisor. One of the participants stated:

The first thing starts with the supervisor hundred percent. It starts with that supervisor as an individual understanding their own level of spiritual competence. So, there is no way, particularly when we are talking about the spiritual domain, that an individual can expect to assess competence or teach competence or being able to observe competence without having first looked at their own level of understanding. So, competence is a really wide overarching thing, and the first thing is "Know thyself."

The participants were convinced that supervisors should have already made the journey of self-exploration, self-discovery, self-awareness, and self-knowledge. In the narrative of one of the participants, these ideas are pressed home in the following remark:

As clinicians, to be supervisors, we have done this work. We have a level of self-awareness and hopefully, we have looked at our own spiritual belief systems, our own

worldviews, our own biases, our own prejudices, our own knowledge of what we understand and what we do not understand. So, that is kind of the key.

So, then it would seem, that what is needed and really required to get started with the integration of religion and spirituality [into counseling practice and supervision] is to have a great sense of self-awareness and self-knowledge, and then a greater awareness of where people are [i.e., their level of self-knowledge which of course, applies to both the supervisor and the supervisee] as the key and baseline for a take-off.

Some of the participants saw the purpose for this as a measure to keep both supervisor and supervisee honest and transparent in their own perspectives on religion and spirituality in their lives and work, and to stand a better chance of building quality relationships (between supervisor and supervisee; and between supervisee and client), especially at the beginning of supervision with attention to diversity and inclusion. It frees clinicians from the tyranny of their own prejudices, preconceptions, and pre-judgments in the matter of religion and spirituality. According to the participants, self-awareness, self-knowledge and the understanding of supervisees and their clients is attained through self-exploration, meditation, reflection, and prayer. One participant recommended the following simple practices for the supervisees arising from “intentional presence” and “intentional practice”:

- Taking out time before the sessions to do the following:
- Meditative prayer to calm oneself down
- Mindful moment to envision the session and the client coming for therapy
- Making oneself available for God and His Presence over the session
- Taking out time after the session to do the following:
- Sit down and reflect on what you did.

- Review what was talked about in a prayerful disposition.
- What was going on with them?
- Pray about what you have noted down about the session.

Later in the course of supervision, the supervisor introduces the supervisees to methods, integral, intentionality, and reflection skills needed to align and ground R/S competencies in existing theories, having ascertained the supervisees' knowledge base. The supervisor encourages the assimilation of R/S competencies by the supervisees through study, vignettes, evidence-based research articles, and role plays, in the hopes of broadening and deepening their appreciation of R/S competencies perspectives.

It was indicated by one of the participants that there is an inherent power differential in supervision, because often the supervisor provides some evaluation of the student counselor, so that they can pass practicum or internship, get a good grade. Supervision may also be tied to employment or tied to performance review. However, the supervisor has to be willing to break down the barriers and nudge the supervisee to begin to explore R/S competencies. It is the supervisor's prerogative to broach introducing R/S competencies in supervision. The supervisory relationship, and the concepts of meaning-making can become openings for the supervisee to learn the required tools for R/S competencies interventions, and in some cases, gain skills and confidence to approach R/S concerns in his or her practice. Towards the end, to facilitate the application of R/S competencies, the supervisors use modelling, competency monitoring and evaluative processes to improve supervisees performance.

Supervisee. In the context of the interviews, the term *supervisee* designated a counselor or therapist who was under supervision in their clinical experience in practicum or internship. According to the narratives of the participants, the supervisees are initially exposed to R/S

worldview, faith development models, ASERVIC's competencies. And supervisees are taught conceptualization skills, and skills for listening to spiritual undertones, as well as reflective skills. So, the participants suggested that the next step after the supervisees have been trained in the foundations of clinical practice is to work to understand them more closely. Here is how one of the participants stated the point:

So, having that foundation, the next thing that is really important, is being able to understand the supervisees you are working with—the students you are working with—where they are developmentally in terms of spiritual competence. So, at the counselor education level, counselor education programs need to really focus, not just on one class of integrating spirituality and religion into counseling, but on infusing the ideas of understanding the client's spiritual and religious worldview throughout the process. So, in our foundation classes, and in our ethics classes, and in our group-counseling classes, presenting cases and vignettes and learning-opportunities in which we are not just so diagnostically focused.

In the middle of this narrative of one of the participants, what was called the pre-requisites (e.g., ethics, group-counseling; and others like multicultural diversity, etc.) by other participants for a gainful supervision experience of the supervisees, was framed like a sample of what supervisees require to embark meaningfully on the R/S competencies. Another participant described how she worked to explore the sense-of-self of the supervisees with a view to get them feeling more comfortable addressing R/S concerns in supervision and therapy from the vantage point of their own processed sense-of-self, having dismantled the blinders that prevents them from becoming aware of their own prejudices, and biases, and encouraging transparency.

Narrating her own work with students in addressing the sense-of-self with supervisees this participant stated:

So, for example, when I work with a supervisee, may be a post-grad going into looking to get licensed, the first thing I would do really besides getting to know the type of client they are working with is exploring the sense of self—that “Who are you?” and “How do you perceive the world?” “How do you interact with the world?” In supervision, having to attend to that relationship together as a supervisor and a supervisee, but also tending to that relationship with the supervisee and the client (is very important). And from a developmental standpoint asking them the supervisee questions like: “Tell me a little bit about what or how the client believes they interact with the world?” “How does the client make meaning?” And many times, we work on how does that differ from the way you make meaning? What I am getting into [is that], it is impossible that you use conflicts or potential biases or selective attention to certain concerns that the client may have. But in working through that understanding first, [you give] them specific interventions that they can try out.

And, then taking a very developmental method in some ways, and cognizant that an intentional approach with different supervisees helps to meet them where they are, the participant supervisors strove to evaluate how the supervisees were evolving as competent counselors in addressing R/S concerns. And so, they would ask themselves: “How are they evolving?” “How are they assessing how the client is evolving?” How are we looking at that parallel process between the supervisor and the supervisee and the client? Are they responding in culturally sensitive ways to clients, and creating safe space for clients to explore their R/S concerns?

Before the middle part of the supervision program according to the experience of the participants, the supervisees are taught how to do case presentation. In their group case

presentation class, they learn to familiarize themselves with R/S intake assessment protocols. And before the ending part of the supervisory program, they would have learned R/S intervention skills, communication skills, learn how to practice reflectively, and how to make connections among spirit, mind and body.

Towards the later part of supervision, supervisees would have had the opportunity to engage with specific R/S competencies as outlined by ASERVIC, with greater self-monitoring, self-evaluation as well as the supervisor's guidance to forestall unethical practice, and to learn to be more deliberative and comprehensive in practice beyond the rule and role model of performance.

Self-of-the-Therapist. Although all the participants, in one way or another, spoke of the importance of the counselor's role in the integration of R/S competencies in therapy, Hugo spoke of it in a specific way which he characterized as the self-of-the-therapist in counseling. By this term Hugo meant the characteristic qualities that the person of the therapist brings to the counseling room which significantly contributes to the success or failure of therapy. Hugo explained that the family therapists are very much convinced of the value studying theme of the self-of-the-therapist issues— "looking at what issues therapists themselves bring to the study of counseling and family therapy and bring into the counseling room." Elsewhere, Shaw (2020) has indicated that this phenomenon is called 'counselor effects' signifying the "variation in counseling outcomes that are attributable to the counselor, in contrast to other factors such as techniques or theories that contribute to counseling outcomes" (p 47). According to Shaw (2020), "*who the counselor is* (author's emphasis) makes more of difference in terms of client improvement than does which theory the counselor professes to use" (p. 47). In other words, the

counselor's background, their experiences, their history, unresolved issues, etc. were significant relative to their performance in therapy and therapy outcomes.

From Hugo's perspective, the self-of-the-therapist becomes all the more important in the domain of the integration R/S competencies in counseling because of its impact on the client, considered from the perspective of the sensitive nature of R/S concerns. Negative experiences of the therapist were once seen as personal deficits and were thought to portend negative professional outcomes, thus leading supervisors to raise the red flag. It was in this regard that Hugo's narrative tended to see the role of supervisors regarding the self-of-the-therapist from the gate-keeper perspective—namely discerning who fits and who doesn't fit the profession.

Lum (2002) expressed similar concerns especially in consideration of what she perceived as the complexity, cultural diversity, and complicated family dynamics in the contemporary society. In view of these factors Lum (2002) opined that “the development of the self-of-the-therapist is a significant aspect of becoming an effective therapist” (p. 181). However, Alicia indicated that when counselors and therapists do the needed work on their own issues, what was taught to be a deficit can become an asset in helping others. This work on the self-of-the-therapist is what Alicia referred to when she stated, “But it is something [like] most of the work that we have done. As clinicians to be supervisors we have done this work.” It is a work that supervisors need to promote in their supervisees—the need for constant self-reflection, self-awareness and self-knowledge. It is a work that Hugo acknowledged that helped him to find a balance and integration between his professional work and his personal life. It is a work that helps clinicians in supervision as in therapy to become more sensitive, more inclusive, and to operate with greater openness and wider horizon.

Hugo's personal experience and the work he undertook to do on himself yielded a new insight on the self-of-the-therapist concept. He became more fully aware of the deep impact a therapist's presence can make as "a vehicle through which therapeutic actions and interventions can take place" (Shaw, 2020, p. 47). Reflecting on the import of a counselor's presence Hugo made the following remarks:

So, for me, how a practitioner is present to their clients, and the kinds of issues they listen for, the kinds of issues they highlight in their work as a clinician, are all spiritual issues... It requires attention, listening in presence, because many of the things we do as clinicians are themselves spiritual interventions . . . When I talk about presence I mean, how I am available as a human being and hopefully an authentic one, and then how available can I be to my clients, and to my supervisees. And to do that, I think what helps me to do that is some of the very simple practices . . . One of the things that I learned early on is that being intentional about my practice. [Being intentional about the practice] helps clients and supervisees to be intentional about their presence. And so, its presence, speaking to presence. And I tried to do that in a somewhat prayerful way. We're in the image and likeness of God and to the extent we can help people realize that about themselves and value their own worth and stand up for themselves when appropriate, but also humbly acknowledged that presence in another person. Those are all spiritual activities. So, I think if we can help people understand that the foundations, not just because of spiritual directors, but the foundations underneath what we do — our life commitments as counselors — underlies what we do.

Self-Presence. Self-presence dovetails the discussion on the self-of-the-therapist, and

it was regarded as a crucial factor in the development and integration of R/S competencies for supervisors and counselors in their relationship with their supervisees and clients, by the participants. While, on the one hand, the self-of-the-therapist captures and refers to the characteristic qualities that the person of the therapist brings to the counseling room, i.e., the personality of the therapist (Conrad), on the other hand, self-presence refers to the state of having one's whole self in the encounter with a client or supervisee by being completely in the moment "and being present on multiple levels — physically, emotionally, cognitively, and spiritually" (Geller & Greenberg, 2012, p. 108).

Thus, a certain quality of the presence of the therapist in counseling or in supervision (at the physical, emotional, cognitive, and spiritual levels) permits the client or supervisee to feel safe and at home within the therapeutic or supervisory environment and ensures positive outcomes in therapy and supervision. In fact, for the participants, the talk about self-presence in supervision as well as in therapy, is another way of talking about how the quality of the supervisor's or counselor's presence can help to create a safe space and environment for the supervisees or clients to address their issues in supervision or therapy without a feeling of being imposed on, and with respect, integrity and honesty.

The participants underlined the importance of the self-presence of the therapist for effective work with supervisees and clients. This was part of what Alicia reported to be the first and most fundamental thing in supervision when she stated that "the first thing starts with the supervisor a hundred percent." Benton also remarked, in discussing this same issue of the quality of the presence of the counselor with regard to therapy, that "a hundred percent of the time, nothing happens in therapy until there is safety, i.e., until people feel that they are safe." Geller and Porges (2014) called this kind of presence in therapy, "therapeutic presence" (p. 179), and it

is characterized by the therapist's total and full engagement in the moment at all levels (Geller & Greenberg, 2012). Thus, in both supervision and therapy, the self-presence of the supervisor or the counselor was viewed by the participants as very important for positive outcomes.

For Conrad, how practitioners are present to their clients is a spiritual issue, and this needs to be addressed in supervision, and Conrad reported that he constantly explored this topic with his students (supervisees). He shared some of his exploration on self-presence during the interview as follows:

When I talk about presence I mean, how I am available as a human being and hopefully an authentic one, and then how available can I be to my clients, and to my supervisees . . . One of the things that I learned early on is that being intentional about my practice. [Being intentional about the practice] helps clients and supervisees to be intentional about their presence. And so, its presence, speaking to presence. And I tried to do that in a somewhat prayerful way.

Conrad went on to describe how he goes about effectively promoting self-presence in his supervisory work with his students. According to Conrad, self-presence happens at three levels: At the first preparatory level: Conrad stated,

I think what helps me to do that [i.e., self-presence] is some of the very simple practices that I learned . . . Taking time before I meet with a supervisee or a client, taking meditative time mindful time, five or ten minutes before they come in the door and envision them in my mind, and let whatever images and feelings come to me out of that, because that's really making me available for God to have into an interview and influence, and for me to be available then for my clients. I try to teach them relatively early on and its clinical relationship. I try to teach them some mindfulness practices. So

that, again, they can calm down and be able to be available for another kind of influence than we normally allow in our lives and have them be available for me.

At the second in-session level, Conrad self-presence is about real human being having real and honest relationships that care about the quality of relationship that they are engaged in.

Explaining this further Conrad recounted:

So, for me, how a practitioner is present to their clients, and the kinds of issues they listen for, the kinds of issues they highlight in their work as a clinician are all spiritual issues. . . And it doesn't require a lot of specialized learning. It requires attention, listening in presence, because many of the things we do as clinicians are themselves spiritual interventions. So, when I sit with a cancer patient, and we talk about: "How are your relationships going in your life?" "Who would you call on as a resource for you?" "Are there any relationships that need to be retrieved or recovered or worked on?" Those are all spiritual questions, in the end, because spirituality is in part about the community, we are part of, and the community we try to maintain. So, it's a very relational kind of spirituality to me, and it comes through in lots of different ways that I try to listen and be present. So, part of what I say to people is that working with spirituality is not just about God-talk. It is about real human beings, having real honest relationships.

At the third post-session level, Conrad reported that going over past sessions prayerfully and reflexively prepares the counselor for more effective self-presence in subsequent sessions with the client or supervisee. In this regard Conrad had this to say:

So it is, and I do that after my sessions. I try to sit down and have a sense of what I did: "What did we talk about today?" and, "What's going on with them?" And one of the things when I say to clients. After we're in a relationship for a while: "Well you know I

was praying about you yesterday, and dah, dah, dah dah-dah! And I have clients and supervisees look at me and said, “You prayed for me?” And I said, “Yes, I pray about you.” And sometimes, it really moves me to want to say certain things to you, or just be with you in a new way. And they are all, they are uniformly touched by that. Even the non-believers, [ask the same question] like: “You pray for me?” [And I answer]: Yes, that's just one of the things I do, and I try to teach that to my supervisees and having that mindful time increases my presence with them. Because I'm listening on all channels, I'm not just listening to the words and seeing things, seeing the non-verbal, and all that – the happy stuff that we learned in school! But I'm trying to listen to you with my sixth sense, which I think of as a spiritual sense.

Conrad's practice of self-presence is more or less in conformity with recent studies on the subject of therapeutic presence (Geller and Greenberg, 2002) which show that a working model of therapeutic presence entails three emergent domains, namely: (a) “preparing the ground for presence”, which refers to the pre-session and general life preparation for therapeutic presence, (b) “the process of presence”, which refers to the processes or activities engaged in when being therapeutically present, and (c) “in-session experience of presence” (p. 71). Conrad's self-presence corresponds with Geller and Greenberg's (2002) domains (a), (b) and (c); and Conrad adds a post-session domain, wherein he described what he did to improve the quality of his presence after the session with a client or a supervisee was over (as he described it in his post-session domain).

At the supervisory level, the participants held that the self-presence of the supervisor not only facilitates a positive supervisory relationship, but it models a way of being with clients in therapy for the supervisee, especially taking account of the diversity amongst supervisees, and

even in the client population. Here is the way Goldie articulated the way supervisors could do the modelling for their supervisees:

So, if we model what it looks like, I think it reduces those fears [about] how to say those words [about religion and spirituality] in a meaningful way in a supervision session, and with a client in ways that aren't imposing or even asking if what I am doing feels pushy: "Does what I am doing feel pushy to you?" "Do you feel like I am making assumptions?" Ask those questions, and make those statements. I think modelling is probably one of the strongest ways we could do that.

For Benton, this is important, even more so, in working with supervisees who have clients in situations dealing with sensitive issues (e.g., cultural issues, and in situations dealing with the integration of religious and spiritual concerns of clients in counseling). Clarifying further on this issue Benton expressed the belief that the counselor's positive self-presence begins with being honest about himself/herself regarding their baseline in these issues in the following explanation:

So, you know it can take a lot of work, sometimes. If you know if I had a supervisee, that was sort of non-religious maybe they described himself as you know, just sort of agnostic or I don't know I don't think much about religion one way the other, then I would be like: "Well, this is really interesting for you because you have somebody where this may be very important to them. So, how are you going to hold respect and acceptance and curiosity about this worldview that's very foreign to you?" And that would be like, like you know the spiritual competencies are around this creating space for a person to be where they are in that journey and that your job isn't to tell him, it should be different. It isn't to talk them out of their religious perspective . . . Yeah. Well, you know, I do think it

starts with being very honest with yourself as a supervisee. Like, where are you starting from, like if you hold assumptions positively or negatively, whatever it might be, about religion about spirituality. It's, I do think it's important to be really honest with yourself about what is your baseline around these issues.

Birgitta reported that she reminded her supervisees that people (supervisors, supervisees, clients) are afraid talking about race and religion because “they're afraid to step on somebody's toes.” Continuing to explain why it is important to imbibe R/S competencies, (part of which is to develop quality presence with supervisees and clients), in order to overcome the fears that people express in supervision and therapy, Birgitta stated:

We're afraid to talk about it because it might offend somebody . . . And I think it's also about a fear of being asked questions. People are a little bit afraid to talk about it [religion and spirituality] because of the questions we might be asked. If we open up the door, we might be asked personal questions as a supervisor . . . I worked for a couple of years teaching in, and supervising in a public university. In some states it can feel questionable whether I can bring spirituality and religion into the classroom or into the supervision room; because it's a public university. And some of the universities, especially for a new counselor educator, it can feel like: “I don't know.” I don't know what the limitations are here. I don't know if talking about religion and spirituality is going to get me in trouble. And for that piece I have to say I fall back on ACA ethics and recognizing that this is part of the counseling.

For Birgitta, imbibing R/S competencies paves the way to openness to everyone; and that supports a way of being — a relational presence that expands or broadens the clinician's perspective and helps them to overcome their anxieties, and calms the fears of clients. This

presence grows and develops with time and practice. Birgitta stated that developing such an attitude over time leads to holding a space for further growth and development, and she reiterated:

Letting people know that one is not born fully formed religiously or spiritually, but we grow, we develop and that the students and supervisors and clients are still developing.

So, and I'm still developing. So, recognizing that our base may change somewhat over the years. So, it's okay to put things out tentatively and say: "I think this..., but I'm not sure."

And that's okay to say.

Learning to develop a self-presence in supervision and in therapy that promotes a sense of safety for the supervisee or for the client is supported by the studies and research of Geller and Porges (2014), who strongly observed that "the cultivation of therapeutic and relational presence that evokes a safe therapeutic encounter both in and out of session is imperative in order to promote the social engagement that leads to real and lasting change" (p. 189).

Clients. In the context of R/S competencies development and integration in supervision, the sub-theme on clients, feature as part of the agency through which the development of the requisite competencies is made possible for supervisees who do their clinical practicum or internship with clients of varying backgrounds and cultural identities. The clients who are served by supervisees in their clinical practice in the United States, according to Captari et al. (2018) basing themselves on the Pew Research of 2016, come from a population in which "89% believe in God or a universal spirit, 75% describe religion as either "somewhat" or "very" important to them, 80% pray regularly, and 50% belong to a local house of worship" (p. 1939).

According to some of the participants, the choice of style or approach to supervision of supervisees who are assigned in clinical practice to address the R/S concerns or issues of these

clients, is in part, informed and influenced by actual encounter with these clients whose concerns may vary from adapting to stressors through coping mechanisms, meaning-making, to struggling with severe R/S concerns or issues, or dealing with consequential existential questions, issues, and decisions.

The general consensus of the participants was that as with regular clients, supervisees were to be taught how to establish rapport with their clients. Emphasis was put on using the initial intake assessment of clients to establish, among other things, their client's R/S beliefs and worldviews, their spiritual and cultural identities, their values, struggles and hopes. Here is Alicia's advice to supervisees about the initial intake interview:

Well, first of all; I do not want to say never, because many times relatively new counselors-in-training receive intake forms that they basically have to use. But I say this with a caveat. You have to follow your agencies policies, or your private practice policies. But, really stay away from that religion "check box", you know, but if it happens to be on there, cool. But that is not going to tell you anything information about the clients. So, when you do an initial intake, ask questions like open-ended questions, but structured as such because you are trying to understand the client's spiritual domain. So, (questions like) "How do you make meaning?" I love the idea of sentence completion stems in an initial intake assessment . . . For that initial clinical interview, asking more than just "Do you consider yourself to be a spiritual or religious person?" which is just a "Yes" and "No" question. I understand that there is a lot of background information about the client we need to get, but as you are doing that, just as you would do for cultural, ethnicity, heritage, listening for spiritual undertones; looking at the client's body language; looking at the client's clothing with observations, right? So, I am not wearing a

wedding ring right now, but if I was wearing a wedding ring, not making the automatic assumption that I am a cisgender female—yeah, I am, but not automatically making that assumption, (I may ask) “I notice that you are wearing a ring on your left hand, what does that signify for you?” You know, when I ask clients these questions, they look at me sideways 90% of the time. They are like: “I am married; it is a wedding ring.” But 10% of the time they don’t. [I haven’t actually quantified that, so don’t quote me on that]. But the 10% who don’t will tell me things like: “That is my mother’s wedding ring that I wear on my hand just as she died.”

After the initial intake interview, the next important tasks with the client wherein the supervisee begins to develop an aspect of R/S competency, according to the participants are the following: (a) establishing a therapeutic relationship with the client—using the skill of self-presence or therapeutic presence, self-awareness and self-knowledge; (b) exploring some areas which a client might not have thought to tell the counselor, and evaluating, relating and describing them against the background of human and spiritual development; (c) using broaching as a method to explore or diagnose the client’s religious and spiritual issues or concerns; (d) attending to the client’s communication and language, paying attention to spiritual undertones in the client’s language and communication, and; (e) working with the client to establish treatment plans and techniques that are consistent with the client’s religious or spiritual perspectives.

The inclusion of R/S concerns of the client into therapy gives the supervisees the opportunity to develop R/S competencies and to be holistic in their practice. Hugo described the inclusion of the religious and spiritual factors in the assessment, diagnosis, and treatment of client’s concerns in therapy as a practice informed by holism. He stated:

Whenever I talk about holism, or even assessment, I always intentionally include the spiritual. You know, like as we know, one of our main data collection mechanism during intake is the biopsychosocial [schema]. And when I talk about holism or being a holistic counselor and accessing all the domains of wellness, I always talk about mind, body, spirit, and relationships . . . And that's generally my entry way in—and it's through the cultural lens, right, that we can't neglect someone's belief system or the impact of their belief on their presenting concern, you know, more so than we could ignore their race, right, or their language or their country of origin or their family of origin.

Self-Awareness and Self-Knowledge. Self-awareness and self-knowledge are sub-themes in the theme of supervision. Together both concepts feature and work in tandem in producing the fundamental qualities and skills of being and knowledge needed in supervisors and supervisees which render them (supervisors and supervisees) apt agents in the trajectory of R/S competencies development and integration in supervision and in therapy. Alicia reported that she believed that self-awareness and self-knowledge begins with self-exploration. She specified that the journey of self-exploration leads to greater self-awareness about one's beliefs, biases, and prejudices, which are important for the clinician's positionality especially with regard to engaging in R/S integration in supervision or counseling practice. According to Alicia all potential supervisors have need to have a certain level of self-awareness in order to engage in the supervisory role, when she stated: "We have a level of self-awareness and hopefully, we have looked at our own spiritual belief systems, . . . our own biases, our own prejudices." Alicia expressed the belief that that the whole process of the integration of R/S competencies in supervision and counseling practice involves activities that are self-knowledge and self-

awareness-based: e.g., keen observation, constant reflection on what has been observed, and continuous evaluation of what one is doing in clinical work.

Celia gave a practical example of what this means concretely for a supervisor's attention working with culturally divergent religious group of supervisees—and attempting to engage in multiculturally competent practice. The first step here in all multicultural competencies' development, according to Celia, begins with both supervisor's and supervisee's recognition and acceptance of one's cultural identity, and the diverse cultural identities of others which would include religious or spiritual identities and self-awareness as she expressed in the following remarks:

An awareness of the counselor's or supervisor's religious or spiritual identity is important too. I tell my supervisees that I need to be aware of what it means to be a white female that is able-bodied and heterosexual in order to understand how I present to my clients and the interactions. And so, understanding our own cultural identities, including our religious and spiritual identities, I think, is that first step of multicultural competence. So, I think that there has to be an awareness, or an understanding of the clients' religious and spiritual identities, but also the self-awareness piece, too [of the counselor].

With regard to how self-awareness and self-knowledge involves supervisees, Alicia indicated that they (supervisees) need to understand how the entire process of the integration of R/S competencies demands self-awareness. Self-awareness is involved in keen observation, constant reflection on what one has seen in one's observations, and in the continuous self-evaluation of what one is doing in clinical work. All of this is imperative in competent multicultural work. Alicia insisted that for these reasons, supervisees must learn how to be attentive to themselves (self-awareness) in order to pay attention to their clients' R/S needs by

developing a sense of keen observation, and constant reflection skills. According to Alicia, supervisees would need to reflect continually on what has been observed, and constantly monitor and evaluate their own performance. For instance, the R/S assessment of a client in the initial intake protocols is an example of an area that would task the supervisee's attention in these ways. According to Alicia, doing the intake procedure demands listening for spiritual undertones and spiritual contents.

However, most of the participants were of the opinion that the process of growth in self-awareness and self-knowledge in developing R/S competencies in supervisees would be activated around the supervisor's own self-awareness and self-knowledge whose skills in these areas would be the starting point to teach the supervisees through role-playing and other methods how to develop them. According to some of the participants, self-awareness, self-knowledge and the understanding of supervisees and their clients is attained through self-exploration, meditation, reflection, and prayer. This view was especially notable in Conrad's, Goldie's and Paloma's narratives. According to Birgitta, the supervisors would need, first of all to encourage growth in self-awareness in themselves, so that they can inspire the same growth in self-awareness and self-knowledge as well in the supervisees. Hugo also indicated that the path to the development of self-awareness and self-knowledge included a willingness to be probed, cultural humility, and a willingness to learn, and a trust in the process of supervision.

Another aspect of the process of developing self-awareness and self-knowledge identified by the participants was the practice of reflexivity. It has been mentioned elsewhere in this study that the process of reflexivity includes questioning one's prejudices, assumptions, and habits of thought to get greater clarity on how one is functioning in relation to one's role in the community as well as in relation to one's relationship to others, and its impact on oneself and on others.

These were identified as the characteristics that the participants acknowledged in their narratives as essential to the acquisition of self-knowledge, and to the matter of attending to the self-of-the-therapist with self-awareness and externalization of the self as though it were an object.

Hofstadter (1968) described this externalization of the self in the process of reflexivity in the following passage:

I am able, on the one hand, to become conscious of myself also in a different way, making myself into an object for my observation, thought, feeling, and will. So, I can turn inwardly and reflect upon my conscious acts and self, as when I try to watch myself perceiving or remember what it was like to make a certain choice. In this mode of inner observation or reflection, the self and its acts become objects somewhat like objects in the external world. They are amenable to a kind of inner perception, and thereupon to explicit thinking, doubting, believing, wishing, etc.

Birgitta also identified self-awareness as a factor that will always be present (“all the time”) in the entire process of developing R/S competencies. Birgitta stated, “Right, as far as that self-awareness [is concerned], that to me is something that we all (supervisors, supervisees, and clients) have to struggle with all the time.” Birgitta explained that self-awareness is immersive and engaging in its trajectory; and as a learning tool, it creates the situation where all the senses are involved leading from one piece of the puzzle to yet another piece. Describing this process Birgitta stated: “I think because the more we become aware of one piece, we find other pieces to become aware of.”

Some of the participants saw the purpose for the development of self-awareness and self-knowledge as a measure to keep both supervisor and supervisee honest and transparent in their own perspectives on religion and spirituality in their lives and work, and to stand a better chance

of building quality relationships (between supervisor and supervisee; and between supervisee and client), especially at the beginning of supervision with attention to diversity and inclusion. It frees clinicians from the tyranny of their own prejudices, preconceptions, and pre-judgments in the matter of religion and spirituality.

Theme 3: Knowledge and Understanding

The theme of knowledge featured prominently during the interviews. It had subtle nuances as related to the different kinds of knowledge that is required to be assimilated for the integration of R/S competencies in both supervision and clinical practice. Here below are the kinds of knowledge that the supervisor promotes in supervision to encourage the assimilation and integration of R/S competencies by the supervisees in their clinical work.

Self-knowledge. Self-knowledge was at the top of the list—spoken of by all the participants as the starting point of the journey of R/S integration both in supervision as well as in counseling work. Using the aphorism “know thyself,” Alicia described self-knowledge as the key to the work needed to be done in R/S integration, including knowledge of what we know, and knowledge of what we do not yet know; and thus, she stated:

Our own knowledge of what we understand and what we do not understand. So, that is kind of the key. The key point is “Know thyself.” And one of the areas in which both supervisors and supervisees often get hung up on, particularly in this area, is that (people say to themselves) “Well, I don’t know everything about every religion” or “I don’t know every single spiritual belief system out there.” Of course, you don’t, you know.

Alicia’s suggestion is that although we do not have to know everything; at least we do have to know what we do not yet know, or what we do not fully understand, and that would propel the supervisee to seek to know more.

Knowledge Base. Knowledge base was talked about in terms of the body of knowledge in the field that professionals are expected to know to function competently and effectively. Knowledge base for R/S integration in supervision and professional practice would include not only what is required by CACREP, but also the specific competencies given by ASERVIC for addressing religious and spiritual concerns in therapy. As a way of understanding, and a guide to competent R/S integration work, ASERVIC's competencies provide the clinician with the required tools for understanding the reality that they observe in a client they are seeing or in the case of supervisors, the things they observe in the supervisee. Different supervisors would go about supplementing the knowledge base differently, depending on their style and the needs of the supervisees. In Hugo's narrative, he shared this experience:

In my supervision, again, I have that supervisee intake form that I use, as well as I have them read an article about how to get the most out of clinical supervision: about how to come prepared, how to come open, how to come with having done the research about the clinical issue; how to not just sit, you know, before the sage on the stage but come prepared with something that they would like some feedback on. So, I think that's another piece — how to prepare them for what's going to happen in supervision. I think another thing which I know I don't do intentionally when I taught ethics, I would point, I would point people intentionally to the . . . three competencies I would direct them to the social justice and multicultural counseling competencies: the ASERVIC competencies, social justice competencies, and then the ALGBTIC, which is now SAIGE, right, and agencies that are working with the LGBTQ+ population. And so . . . I would direct them towards seeing and being familiar with . . . client's belief systems and cultures.

Knowledge of ASERVIC's (2009) Competencies. The ASERVIC (2009) competencies was another subtheme in the general theme of knowledge regarding R/S integration, discussed by some of the participants. These ASERVIC (2009) competencies comprising of 9 items were developed and were meant to be guidelines to support clinicians working clients from diverse religious and spiritual traditions and endorsed by the ACA. Danica pointed out the general purpose that spiritual competencies serve, using knowledge of transpersonal psychology as an example. Referencing her experience in supervision with supervisees, Danica explained how her course on spiritual competencies from the transpersonal perspective helped her students to understand how misunderstanding and misdiagnosing a client's spiritual concern can do harm to clients. Danica stated:

Well, of course, I would love it if every student took a course on the transpersonal perspective in counseling to learn about the kinds of experiences that people have that can be misunderstood, misdiagnosed and really do harm to clients, if they're mishandled by the counselor. And, one of the things that my students in my transpersonal class say at the end of the class, is that when they look back on their views on a lot of these kinds of experiences at the beginning of the class, they shudder to think how they would have potentially harmed the client, based on their misunderstanding, their lack of understanding, and so forth, and they just feel so much more prepared to, you know, work with clients around these kinds of experiences. So, you know, in an ideal world, I would love that. Now the reality is, I know as a counselor educator that our master's program is already packed with material, and it's because the state requires it, CACREP requires things; and once we fulfill those requirements, we have very little room for, you know, electives and, more or less, another required course around spirituality, but I think

a more realistic possibility is that every multicultural course, have a unit on spirituality and religion as a multi-cultural phenomenon, and every development course, present a theory of development like Ken Wilber's that includes in it a transpersonal phenomenon.

Knowledge of World Religions, and Spiritual Traditions. The integration of religion and spirituality into counseling practice and supervision requires acquaintance with knowledge of world religions and spiritual traditions. It was pointed out in the narrative of one of the participants that one does not need to know everything about every religion and every spiritual tradition. One of the participants stated:

And one of the areas in which both supervisors and supervisees often get hung up on, particularly in this area, is that (people say to themselves) "Well, I don't know everything about every religion" or "I don't know every single spiritual belief system out there." Of course, you don't, you know . . . But, you know, I don't know a ton about paganism. I don't know a ton about Voodoo. There is a whole lot about native American belief systems that I don't know. And so, also knowing what I know, and knowing what I don't know is important, and taking a stance of curiosity always, it (learning) does not end.

Experiential Knowledge. A common quote attributed to Julius Caesar, is: 'Experience is the best teacher.' In the matter of knowing other religious worldviews and spiritual traditions, the participants indicated that having some experience of some of them can be profitable in clinical work with clients of those traditions. They are things that supervisors can point out to their supervisees. One of the participants stated:

Just go to a religious service or spiritual practice that you have never gone to before, that you are not familiar with, provided that it is always appropriate, for the individuals who do not practice those things – they don't have the same beliefs and same practices. But

many times, communities are very open, if you simply say: “I would like to learn more.” So, encouraging supervisees to do those things and explore far beyond the textbook [is advantageous].

Practical Knowledge of Skills or Skillful Knowledge. The participants pointed out that besides knowledge of theories (theoretical knowledge), and knowledge and understanding of religions and spiritual traditions (religious knowledge), the integration of R/S competencies requires another set of knowledge (knowing how), i.e., the practical skills involved in the transforming of theoretical knowledge into practical knowledge in actual therapy – what Goldie characterized as connecting “declarative memory to procedural memory.” Giving some examples of what may be involved in such connections one of the participants asked the following questions:

Do I know how to communicate, not just in a language that is familiar to me—the word “God,” or the word “Prayer?” Do I know how to communicate in other ways? Do I know how to understand a client’s language? So, basically, starting with supervisory competence you don’t have to be hundred percent competent in every single thing. Right? But and I think the competencies are a great tool.

The link between the theoretical knowledge and practical knowledge was pointed out by another participant who indicated that the one kind of knowledge naturally leads to the other. He stated, “Yeah, it does. And, you know, understanding [the] client’s belief system helps to determine what other type of support group we are going to get them involved with.”

Specialized Knowledge (e.g., Psychology of Religion and Spirituality). Some of the participants pointed out that some of the seminal writers in the psychology of religion and

spirituality can be enriching in the understanding of psycho-spiritual issues. In this regard Hugo remarked:

Yeah, I, as you were talking, I was thinking, I can't think of anything Rogers for example wrote about that isn't also spiritual. I mean a radical acceptance of another person . . . But a lot of the things that Rogers and other seminal writers talk about, has a spiritual [dimension], and they are of a spiritual face. And if we can begin to think of it that way. I think it really ennobles the entire practice of counseling and supervision.

It is not only Rogers, but there are also, other people like Adler (1932/2010), Allport (1995), Frankl (1967), Jung (1969), Maslow (1969), and other seminal writers whose gems of spiritual meaning in their writings brought in new perspectives in the role of R/S in the psychological functioning of the individual. For instance, it was noted earlier that Adler (1932/2010) pointed that religion was one of the greatest strivings towards social interest and love; that Allport (1995) insisted on understanding that the work of counseling should deal with real persons in their holistic individuality and identity.

Then we have Frankl (1967), who appreciated the role of the spiritual dimension of the person in giving meaning to life. Jung (1969) for his part, indicated that the language of the psyche is couched in symbols which for the most part is religious in character; and Maslow (1969) insisted on expanding the concept of psychotherapy to include “the farther reaches of human nature” in self-transcendence and in the human and spiritual development that each person carries which they can actualize. Then we do have, (to a certain extent), in people like Maslow, the exploration of higher levels of consciousness and higher levels of being, where there are manifestations of greater spiritual growth and transformation—and knowledge of these writings is crucial, especially in situations where clients or supervisees may have attained those

levels of development described by these named authors. Frankl (1959) also talks about the centrality of finding meaning or meaning making in therapy. There's hardly any of these psychological realities in the individual personality that these psychologists talk about that is completely outside of the spiritual realm – knowing them helps to prepare the clinician for R/S integration in therapy.

Knowledge of Spiritual Concerns. For the most part, most of the participants tended to associate religious and spiritual concerns with meaning-making. One participant (Benton) spoke of it in generic terms from the perspective of what is at the root of the presentations in clinical cases. He stated:

I think of it, like, when people are under stress and they're going to a therapist, obviously things are not going great. There's probably some, you know, suffering going on there. And I'm thinking about: "How does this person make meaning out of their life at this time?" And if they have a religious or spiritual framework, certainly, you know, that's relevant and is coming up and they're asking like, you know, "Why is this happening to me?" or you know, "Where is God in all of this?" or, "What have I done to [deserve this]?" "Is God punishing me?" you know, whatever the sort of framework that they might use . . . You know, and so I would want a supervisee to recognize that even though this person may be, you know, coming to you about with depression or anxiety or relationship problem or whatever it might be that is the identified concern, that there's also this deeper process of meaning making that is going on like what does it mean to me that I'm going through this depression, where I have this anxiety disorder or this relationship is falling apart. And that even though they want relief from that, and they will hopefully find that they're also creating a bigger narrative of their life, what all this

means. And if they're religious or spiritual at all, part of that is: "Where is the bigger divine, the bigger pattern, the bigger meaning-making in all this?" So, even if somebody's not ostensibly religious, they're still asking the big existential questions.

Another participant (Paloma) had a slightly different perspective on the topic. For her, almost everything in life is spiritual (whether the meaning is understood or not). Accordingly, spiritual concerns would include most of the ordinary things of daily life and decisions, and not just when things are not going on well. Thus, "how I spend my time" could be of a spiritual concern. Narrating her views, she stated:

I mean, for me as a person, almost everything is spiritual you know I mean I'm very oriented that way so right. I think like that a lot. I mean I would you know I think about "What is my contribution?", and "How am I spending my time in my life?" "Is that reflecting the values that I hold?" "Am I, you know, prayerful?" I try to say a prayer before I would meet with a client to ask that, you know, God would work in me to make sure that this person gets what they need for the healing that they need. I don't talk about those things with my students really, which is interesting. I think if I were in a pastoral counseling program I probably would but, um, you know, maybe, you know, for me I can't even differentiate life issues from spiritual issues because everything is like, is this the right relationship for me you know that's a question about how I'm spending my life and my time and if there's a spiritual practice in being in relationship with a partner or being a parent you know where your choices are affecting somebody else or that the energy that you're creating with your thoughts and your actions affects another person's well-being. All of those things to me personally are very spiritual. Yeah.

Learning to Learn. Almost all the participants stressed the need to be disposed always to learn new stuff to keep up with the need to help supervisees more competently and in culturally appropriate and ethical ways. So, the participants, each in their own way in one form or another, suggested that supervisors need to teach supervisees how to learn to learn through exploration with curiosity. For instance, one participant put it this way:

I like that journey of curiosity; I am big into asking wondering questions. And so, and in wondering, I have to truly be open to how the supervisee or the client answers, like I wonder where that comes from; or I wonder why that's important to you now. So, I think being on a journey means that we need to understand that in religion and spirituality, meaning making is developmental. Right, so, there are old models of development right around spiritual development and religious development. So, where a supervisee or a client is today, doesn't necessarily mean that they will be in that same place, a year from now.

Theme 4: Interventions

From the analysis of the data of the interview narratives of participants this study identified what might be called a *strategy of creative variegated infusion* for R/S integration and intervention. This means an approach to R/S integration and intervention in supervision that seeps through the entire counselor education program aligned to existing courses, and to existing intervention strategies suitably adapted, beyond offering stand-alone courses, and beyond relying on stereotyped R/S interventions. This approach includes interventions at the level strategic supervision course planning, interventions within the courses in the curriculum, R/S interventions meant to support supervisees work with clients, and interventions that mirror the nature and process of R/S intervention.

A Strategy of Infusion Within Existing Interventions. For instance, Alicia opined that: Infusing the idea about one's spiritual domain throughout the learning process, and not just having a stand-alone course. A stand-alone course is great—many programs don't even have that—but really the idea of infusing [is the ideal thing]. But then at the practicum point, it is really (about) having an idea not just in terms like the counselor's multicultural competence, or spiritual competence, but relying on and beginning to teach counselors-in-training how to assess their own level of competence.

From this strategy, spiritual interventions can be revamped and creatively adapted to suit the needs of supervisees and clients at their various levels of spiritual development. The first interventions pertain to the tools used for exploring self-knowledge, self-awareness and for doing self-of-the-therapist work. According to one of the participants, self-awareness, self-knowledge and understanding the supervisee, and the client can be attained through self-exploration, meditation, and reflection. Other spiritual interventions that target specific issues according to the participants, include Worthington's (1998) Forgiveness Pyramid, Cognitive behaviorism, Spiritual Timeline, Spiritual genograms, Echo Maps, the Bridge Activity, Religious and Spiritual texts, the Search for Meaning, Grief Work, the 12-Step Therapy.

Interventions Within the Process of R/S Integration. The process of R/S intervention was identified as an integral and integrated process. Being integral means that the process takes cognizance of the whole person (body, mind and spirit) and the reality of a person's religious, spiritual and cultural tradition, while being integrated means that the process is aligned to existing strategies and approaches that are suited to the client's religious or spiritual tradition. Some of the interventions within the process of integration include, broaching, and exploration.

The Broaching Approach and Responding in Culturally Sensitive Ways. Alicia recommends modelling and broaching as practical ways of breaking down the initial barriers to the process of assimilating R/S competencies which she referred to metaphorically as a journey in self-exploration. Celia shared her understanding of this process in the following narrative:

When I integrate the ASERVIC's spiritual competencies into my supervision, it's very much under the umbrella of multicultural competence and how we need to broach and assess and respond in culturally sensitive ways to all of our clients, diverse cultural identities, which includes their spiritual and religious identities as well. And so, I sometimes have students say that they didn't really think of religion and spirituality as a cultural identity. So, that's, I think, a helpful conversation to have, that is, when we think of culture, we think of race, ethnicity, age, gender, sexual orientation, ability status socioeconomic status and also spiritual and religious affiliations so I find that my students, really, take to that pretty well.

Exploration. Exploration was identified as one of those interventions used to address issues with self-knowledge, self-awareness, self-of-the-therapist issues. Alicia shared her experience of exploring her supervisees' sense-of-self, and their own exploration of their client's R/S worldview in therapy, since exploration is also a handy tool for debutant counselors to use to investigate client's R/S issues before employing other intervention tools. In the following narrative, Alicia stated:

So, for example, when I work with a supervisee, maybe a post-grad going into looking to get licensed, the first thing I would do really besides getting to know the type of client they are working with is exploring the sense of self—that “Who are you?” and “How do you perceive the world?” “How do you interact with the world?” And from a

developmental standpoint asking the supervisees questions like: “Tell me a little bit about what or how the client believes they interact with the world.” “How does the client make meaning?” . . . “What do they think happens when this life here on earth ends?” “What do they do to find joy?” “How do they find joy?” “What do they do when they are experiencing a personal crisis?” And many times, it is just the knowledge of that, that has spiritual content.

On account of the sensitivity required of the counselor in dealing with clients’ religious and spiritual worldviews in therapy, Wiggins and Gutierrez (2020) recommended the following cautions:

First, counselors must be willing to engage in self-exploration to confront whatever personal history may arise that has the potential to interfere with their effectiveness.

Unresolved personal issues with religion, spirituality, race, ethnicity, or other aspects of culture are certain to put counselors at risk for incompetent practice. (p. 86)

Then we have the exploration that takes place to understand and encourage the spiritual growth of clients. Seminal writers like Jung (1966), and Maslow (1969), explain the importance of the exploration of higher levels of consciousness and higher levels of being, where there are manifestations of greater spiritual growth and human transformation. Exploring their writings for insight into client’s R/S issues may be crucial especially in situations where clients or supervisees may have attained those levels of higher development. Also, Frankl’s (1984) insights could guide the discuss about the centrality of finding meaning or meaning making in therapy.

Ethical Considerations. The Participants were convinced that students should be trained to be ethical in their R/S integration practice. Thus, not-being proficient in this area, would border on being unethical, especially, if a client who asks for help is refused assistance in this or

other areas of concern, and if the refusal was related to religious or spiritual biases or prejudices. Likewise, if a counselor tried to impose their values on clients (and this can be done indirectly without directly imposing any values on anybody), but if a client's religious/spiritual concerns were to be left by the side, that would also raise some ethical issues.

Theme 5: Evaluation/Assessment

Some of the participants did not consider the evaluation of supervisees in R/S competencies. Those who shared their thoughts regarding the evaluation of supervisees on the assimilation of R/S competencies during and after their internship or practicum experience, had diverse perspectives in the way to conduct such an assessment.

The Process of Evaluation. For one of the participants (Benton), for instance, the question of the evaluation or assessment of the degree of assimilation of the R/S competencies in the supervisee was relative to each supervisee and their prior preparation and experience before their supervision program. In other words, it would be different for different candidates depending on several factors, including level of experience, and the level of maturity of the supervisee. One of the Participants (Alicia) suggested that instruments with the capacity for numerous settings for the assessment of counselor competence in this domain may be needed for the evaluation of supervisees.

Self-Monitoring. For her part, another Participant (Celia), affirmed that the ultimate objective of supervision, generally, is to lead the supervisees to the point where they can stand on their own and do clinical practice with reflexivity. The idea of reflexivity in Celia's narrative is connected to the idea of being *reflective*, *self-reflective*, and *self-monitoring*. Reflexivity helps to take out the hidden undercurrents from the clinician's blind spots. It puts unethical tendencies in practice on check.

It was the view of some of the Participants that while still in supervision, the supervisees need to be taught how to practice reflexively because, according to Celia “that takes some time and development on the part of the supervisee to get there.” The following remarks by Celia illustrate the texture of reflexive thinking when she stated:

If people can be reflective in the moment and think, you know, “How am I being perceived by the client?” “How is the client responding to me?” And “Have I all of these competencies and ethics in mind?” . . . I mean, I think that’s why, you know, they’re in supervision so that they can practice that reflexivity with more advanced supervisor until they are able to then do more of it themselves. So, I think, to be able to be reflexive that way could probably help the countertransference that might develop around spirituality or any kind of biases or those fears, and I think that time in development under supervision can help them get there.

Self-Evaluation and Self-Report. Self-monitoring naturally leads to self-evaluation which the supervisee can report when required to do so. Some of the participants who responded positively to using evaluation in assessing the level of the assimilation of R/S competencies by the supervisees, reported that they relied on the self-evaluation and self-report of the supervisees in their evaluation practice. For instance, Danica reported that she does the R/S competencies evaluation of supervisee’s by turning the competencies into self-assessment and by administering them to be self-reported by the supervisees, as well as scored by herself at the beginning and at the end of supervision. Danica explained that the difference between the two tests would give her an idea of the progress made by the supervisee. Danica clarified how she administers the tests when she stated:

Assessing at the end of the semester, I have them fill out that self-assessment again, and then [have them] compare it to what they had said [and the beginning of the course or internship] and see if there's been some movement . . . I do think that it is good enough for the student, or the supervisee to assess themselves, and the supervisor to assess the student using just a scaling just for each competency. But it would be both self-report on the part of the supervisee, but also an external assessment on the part of the supervisor. Yeah, and between those two, you know, comparing their different views and why they answered the way they did.

Danica indicated that there no absolute way of doing the evaluation. She expressed the belief that it is important to open that discussion with supervisees to give them a sense of how they are progressing and some development plan for the supervisees to work with.

Theme 6: Reflection

Reflection has always been part of what is needed in counseling and supervision. This means that supervisees would, during this period of formation, be engaged in not only in reflective activity to help them deepen and imbibe the skills they learn, but in a kind of process of *reflexivity* which is not only just being reflective about what they are doing, but also being reflective about how it affects them and their clients — and this is in a process that is iterative, and needed according to some of the Participants for:

Reflection and Critical Learning and Teaching. Alicia indicated that it is “a critical part of learning.” Alicia further clarified as follows:

For me it is about teaching—and it goes back to what I said learning how to self-supervise. Learning how to self-supervise does not mean that you are going to be on your own forever. It is learning how to—in those moments in which you are not under peer

supervision, or actual clinical supervision, group supervision—the reflexive process is about being that objective party as a supervisor that can pause, and say: “What were you thinking when you asked that?” Or “What happened when a client said that?” I use a lot of humor in my work. And so, I go: Wow, wow, wow, wow! So, your client just told you that they don’t believe in God.; that stopped going to Church a long time ago; that they a reformed believer; and you are planning a wedding, and right now you are going through Pre-Cana, and you are also exploring how you are going to have a stage system in your marriage. My God you are saturated in it right now, but your client is scratching the scrap, what is that like for you? That is helping them begin to realize that process. It is a lot about using the tools in supervision, but also making sure that I the supervisor remain objective and can be objective.

From Declarative to Procedural Memory. Helping students connect the didactic learning piece or, the declarative memory to procedural memory, so that they make those classroom connections to real life as they go along translating into practical skill the theoretical knowledge they have acquired. Goldie had this to say about the ability of the reflective capacity to serve as the bridge that permits what has been learnt theoretically to be transformed into practical knowledge and skill. She stated:

Oh, sure absolutely, I would agree with that. Yeah, I mean I think that I mentioned reflective process a couple of times throughout [this discussion]. It is the way to build those bridges between declarative and procedural memory. But for students and people in general thinking about thinking, improves thinking. Right? So, it's a matter of skill. So, yeah, yeah, I would agree, but you know, here we also do a lot of works of on Erickson

and deliberate practice stuff is involved, so they have to have deliberate practice steps with what they're going to do with their reflective insights as well. So, yeah.

Reflection as a Tool to Evaluate and Maintain Relationship. Reflection in counseling and supervision also serves as a tool to build, maintain and evaluate the therapeutic relationship as well as the supervisor-supervisee relationship, especially around the issues of transference and countertransference, parallel processes, spiritual by-passing, etc. From this perspective, to be reflective is to ask pertinent questions about the subject of reflection. Celia illustrated this in her narrative when she stated:

Yeah, at the beginning. And so, I think that what you're describing is aspirational and ideal if people can be reflective in the moment and think, you know “How am I being perceived by the client?” “How is the client responding to me?” and, “Have I all of these competencies and ethics in mind?” And I think that takes some time and development on the part of the supervisee to get there. And, and that's okay, I mean I think that's why you know they're in supervision, so that they can practice that reflexivity with more advanced supervisor until they're able to then do more of it themselves. So, I think, to be able to be reflexive in that way could probably help with the counter transference issues that might develop around spirituality or any kind of biases or those fears and, I think that time in development under supervision can help them get there.

Reflection and Meaning Making. Meaning making is essentially a function of asking pertinent questions and being open to receive insights. It is aided by systems of belief and requires attention and reflection. Birgitta gave this insight on the personal nature of meaning-making function of reflection, when she said:

And the meaning is personal. It's not something I or the supervisee can share with the person. It hasn't come from them. So, yeah, the client has to be reflective the supervisee has to be reflective, as the supervisor I've got to be reflective.

In fact, every player in the supervisory/counseling practice circle (supervisor, supervisee, and client) in one way or another must be reflective for a positive outcome of their combined effort.

Reflection, Transparency, and Ethical Practice. One of the hurdles identified by 6 of the participants in both counseling and supervision as challenging in the profession was practicing in a transparently ethical way. This requires constant self-monitoring and reflection. Hugo, made the following remark in this regard:

My hope is that this answers your question. My hope is that in working with people and helping them discern what's most helpful for their clients that they begin to learn whether or not those strategies with their clients might work with them as persons that they're being a counselor becomes part of who they are; and that they turn those skills of intuition and strategies for becoming more human more authentic more transparent; [and that] those become part of their own way of living. Is that what you mean by reflexivity?

According to some of the participants, to remain focused in the development and integration of R/S competencies demands a constant reflection and monitoring of oneself in practice. It requires checking through reflection to maintain what Benton referred to as “being very honest with yourself” as a supervisor or a supervisee. Benton reported that he would start to address R/S concerns of supervisees by first asking the question: “where are you starting from, like if you hold assumptions positively or negatively, whatever it might be, about religion about spirituality.” Bento further stated, “it is important to be really honest with yourself about what is

your baseline around these issues. He insisted that when it comes to religious and spiritual matters, the clinician should neither presume, nor simply evaluate negatively, nor pathologize the religious or spiritual perspective of others without investigation and reflection.

Ridding oneself of prejudices and biases when “dominated by segmental drives, by compulsions, or by the winds of circumstance” to use Allport’s (1955, p. 50) expression, especially regarding religious and spiritual biases, demands turning “those skills of intuition and strategies for becoming more human more authentic” (Conrad) into use to become more transparent and honest in R/S integration and intervention practice.

Reflection - A Tool for Broaching R/S Integration. Could one of the ways of broaching the integration of spirituality into counseling and supervision be to train supervisors to become not only reflective but reflexive, in a sense in which they are at the same time reflecting and applying to themselves what they are doing, and looking at the consequences of what that doing and how it affects them, and how it affects their clients? Could using reflection as a tool for broaching R/S integration also keep them transparent and honest? And, in which case they are also learning to become their own *supervisors*, and doing so because *self-supervising* is exactly what they're going to be doing when they get to be on their own? Endorsing positively the suggested questions by the researcher, one of the Participants (Hugo) remarked that he really hoped that that's what happens. It was like this was what he was looking forward to seeing realized in counselor education programs, and he added:

“That's, the thing I'm most hope for. I'm not in the supervision; let me say this one: I'm not in the supervision business, simply to make them better practitioners have with their clients. I'm in the supervision business because I want to help them become better people who are also counselors.”

Reflection and Deliberate Practice. According to one of the participants (Goldie), a cognitive component of the Cognitive-Behavioral approach to supervision is engagement with the deliberative piece. And this requires reflective attitude. And so, to get the students to be attentive to the subcomponents of competencies, and to the factor of diversity, obviously means to get them reflect on the diversity piece. Goldie sees the same pattern with spirituality. To get to understand the subcomponents of spirituality demands reflection; and to integrate these subcomponents into counseling or supervision demands both reflection and deliberate practice. So, that is what brings it behaviorally into their mind, but cognitively, it would require reflecting on the reflection piece. According to Goldie the supervisees do this through their journaling and then the deliberate practice piece.

Reflection and the Process of R/S Competency Assimilation. Most of the Participants talked about obstacles to assimilating and integrating R/S competencies into both counseling and supervision. Besides structural hurdles and obstacles, there are challenges of a personal nature described by most Participants as one form of fear or another. And it looks like here is the crux of the matter—where the greatest problem is located, i.e., from the fear and lack of confidence that debutant counselors who are beginning this [religious and spiritual integration] for the first time, express. At the very beginning it is difficult to know which way to go, because people might feel intimidated wadding into the “unfamiliar waters” of religion and spirituality and some of the issues they present. And at times, they might be afraid to appear to be unethical and jump into these issues unprepared. So, beginning with a reflexive exploratory approach would be a safe way for supervisees to broach R/S intervention without being too much afraid, and at the same time, without getting into imposing their own values on the clients.

Reflexivity and Integrated Unified Practice. Birgitta identified reflexivity as the single factor that all parties in the supervisory trajectory (supervisor, supervisee and client) would need continuously in the entire process of R/S assimilation and integration for a positive outcome.

Here is her reflection:

Well, I think, for example in supervision, we have to keep being reflective. So, we have to constantly help our supervisees recognize that they need to reflect on themselves and on their work. So, I'm working with a supervisee who may be solution-focused, for an example, and counseling a client who's just lost somebody or lately lost several people in their lives. I will frequently ask: "What problem are you trying to solve?"

The solution of some problems especially in R/S concerns may not always lie in the mere employment of theories and techniques, but in a process of discernment through reflection what works best for each client taking account of their background, culture, religion and spiritual tradition. It all goes back to what Hugo once pointed out when he said:

My hope is that in working with people and helping them discern what's most helpful for their clients that they begin to learn whether or not those strategies with their clients might work with them as persons that they're being a counselor becomes part of who they are; and that they turn those skills of intuition and strategies for becoming more human more authentic more transparent; [and that] those become part of their own way of living.

The Constructivist Grounded Theory Generated by This Study.

Constructivist grounded theory methodology was employed to comprehend how the participants in this study experienced and understood the development and assimilation of R/S competencies in counseling supervision. The grounded theory that emerged from the results of this study was termed *Integrated Inductive Reflexivity Theory (IIRT)*. IIRT states: *R/S*

competencies are developed and assimilated by proactive supervisees in counseling supervision when qualified supervisors working with these supervisees inductively mentor the supervisees to address the R/S concerns of clients in therapy with all the agents playing their parts in a process that can be characterized as integrated inductive reflexivity.

The Key Elements of Integrated Inductive Reflexivity Theory

The key elements in the generated theory stem from the participants' common perspectives on (a) the alignment and integration of R/S competencies development to the existing multicultural perspective in the supervision curriculum, (b) the common inductive understanding (having evidential support from their experiences and observations) that supervisees need to be proactive in grasping, assimilating, and integrating R/S competencies, and (c) the common realization that the practice of constant reflection by all the agents involved in the trajectory of supervision (supervisor, supervisees, and their clients) not only unifies the players, but also that reflexivity is the bridge that unites all the domains of R/S integration (namely: agency, [supervisor, supervisee, and client], knowledge base, skills, and intervention).

The Features of a Theory

In Chapter 3, Charmaz' (2014) idea of a theory was offered in terms of "what accounts for what happens, how it ensues, and may aim to account for why it happened" (p. 228). It was also noted that Whetten (1989) suggested four related factors or building blocks of a theory that serve to carry out the explanatory goal of theories. These factors, according to Whetten (1989) are constructs, propositions, logic, and boundary conditions or assumptions. Bhattacharjee (2012) explained how these factors function in theory building:

Constructs capture the "what" of theories (i.e., what concepts are important for explaining a phenomenon), propositions capture the "how" (i.e., how are these concepts

related to each other), logic represents the “why” (i.e., why are these concepts related), and boundary conditions/assumptions examines the “who, when, and where” (i.e., under what circumstances will these concepts and relationships work). (p. 26)

The Boundary Conditions of The Theory. Integrated Inductive Reflexivity theory was modelled on the features of a theory described by Bhattacharjee (2012), showing the “who,” “when,” “where,” “what,” “how,” and the “why” of the theory. The explanatory scheme begins with the *who* of the theory, i.e., the agents involved in R/S competencies development, assimilation and integration. These are the supervisor, the supervisee, and the client. One of the participants indicated that two goals are present in the trajectory of these agents, when she stated, “Although the goal of counseling is improved mental health of clients, the goal of supervision is improved skills and knowledge of the counselor as much as it is the improved mental health of the clients.” From R/S competencies development and integration perspective, what unites these agents are the two goals mentioned above sought through the application of R/S skills in therapy, and the positive effects of this application in the client’s improved mental health outcome.

The narratives of seven participants were in agreement that the process of R/S competencies development in the supervisee begins with the supervisor. According to Celia, the ultimate objective of supervision, generally, is to lead the supervisees to the point where they can stand on their own and do clinical practice with reflexivity. Supervisees have their own role to play to realize that objective, by becoming pro-active, critical, and reflexive learners. The clients provide the context within which R/S competencies are exercised, and they are the ultimate beneficiaries of R/S competencies.

The *where* and *when* of the theory are part of the boundary conditions of the theory specify under what conditions, circumstances, situations, and time-frames, the concepts of the

theory will work. “Where” explains supervision as the position in the schedule of the trajectory of the development of R/S competencies together with the various phases of this training (e.g., initial, early, middle, ending stages) wherein certain aspects of the theory are supposed to be implemented. “When” specifies timing-of -the-stages what could be called maturation in the development and integration of R/S competencies, when they are ready to go to the next stage. The theory also includes what ought to be permanently present at all times in all stages and phases of the development of R/S competencies—captured by the tag *always*. The *when* presupposes that there is a comprehensive plan in place to be realized at the appropriate allotted time in the schedule of supervision, and perhaps also as cases present themselves. When the sequence of knowledge base and skills acquisition is followed supervised and properly mentored, (as a condition), then R/S competencies will be acquired by supervisees trained in this way, as an outcome, all things being equal.

The *what* of the theory, is the body of knowledge that both supervisor and supervisee are expected to be acquainted with—beginning with self-knowledge, basic theoretical clinical knowledge, and the ASERVIC (2009) competencies. Other forms of knowledge that go into the making of R/S competency according to the participants’ insights would include experiential knowledge, practical knowledge, and knowledge of world religions and spiritual traditions. The supervisor is also expected to have done some work in some practical and experiential way as Alicia testified when she stated:

As clinicians to be supervisors we have done this work. We have a level of self-awareness, and hopefully, we have looked at our own spiritual belief systems, our own worldviews, our own biases, our own prejudices, our own knowledge of what we understand and what we do not understand. So, that is kind of the key.

Other forms of practical and experiential knowledge of a spiritual nature that prepare the supervisors for R/S competencies supervision include some specific skills according to the narrative of the participants, e.g., Danica named integral methods skills, Goldie mentioned deliberate practice skills, intentional practice skills was named by Alicia, Conrad, and Hugo, Celia named reflexivity skills and at times, some specialized knowledge, e.g., transpersonal psychology, was pointed out by Danica. Birgitta explained that besides the generic supervisory skills of forming a supervisory relationship with the client, the supervisor who addresses R/S concerns in supervision is called upon to have R/S integration advocacy skills as well.

As it involves the supervisee, the *what* of the theory represents the knowledge base the supervisee is expected to cover; and the set of skills that the supervisee is expected to acquire within the framework of internship supervision. These skills and knowledge base include: the pre-requisite courses in ethics; and in multicultural diversity. The supervisees are expected to cover topics on self-awareness, self-knowledge, and ASERVIC's competencies. The supervisees are also expected to acquire conceptualization skills, comprehension skills, interpersonal skills, various R/S worldviews, listening to spiritual undertones skills, analysis skills, collaborative skills, reflexivity skills, communication skills, learning to learn skills, R/S intervention skills, and decision-making skills.

Towards the ending phase of the program, the supervisee is expected to have reached higher levels of competency; and be able to demonstrate experience-based performance. The self-of-the -therapist would always be a focus of attention throughout the program. The client's core beliefs, and belief system, values, cultural identity, and meaning-making system; are supposed to be covered as they arise. All of these constructs of knowledge base and skills that

both the supervisors and supervisees are expected to attain form the important concepts for explaining the development and integration of R/S competencies in counseling supervision.

The *how* of the theory, (i.e., how these concepts of R/S development and integration in supervision are related to each other) points to the processes that link these concepts involved in the actual building up of R/S competencies in the supervisee and in integrating them in supervision and therapy—what Goldie referred to as the processes involved in going from “declarative memory to procedural memory.” Conrad stated that counseling and supervision have standards of professional identity and professional practice, the one related to the other by way of agency. These processes include those that are involved in the learning and execution of R/S interventions.

For the supervisors these processes are what enables them to be present and available to supervisees in certain ways that permit the assimilation and integration of R/S competencies in their clinical practice. These processes include: being actively present, practicing critical self-reflection, exploring R/S concerns, building bonds and trusting in the supervisees. The processes could also entail attending seminars, conferences, and other forms of short studies and self-education. Hugo explained that in terms of teaching R/S competencies to the supervisees, the processes would involve the supervisor in using such skills as modelling, empathizing, and reflecting back to supervisees through a process of evaluation and assessment information that would help them improve their R/S competencies performance.

On the part of the supervisees, the processes in the theory would involve them in studying the materials that would help them to integrate their R/S competencies within the larger pool of multicultural competencies. They would be expected to self-reflect, to explore R/S concerns of their clients, and to use evidence-based research materials to familiarize themselves with R/S

competencies. Other valuable skills to be acquired would include critical thinking, application skills, keen observation, broaching, listening skills and the practice of reflexivity. Towards the ending part of their supervision or training program, they would be expected to handle specific R/S cases, demonstrate R/S understanding, and engage in deliberative R/S practice.

The *why* of the theory (i.e., the purpose for which these concepts of this theory are related to each other) explains the reason for the theory, which is to offer an explanatory scheme for the development, assimilation and integration of R/S competencies in supervision (and by extension in therapy), ultimately serving as a help to competent and ethical practice. But with this broad framework, the subordinate reasons for the theory include to encourage quality clinical goals in R/S competencies counseling, to maintain transparency, to facilitate application of R/S competencies, and to be more reflexive and culturally sensitive in practice.

Danica pointed out that it would also include to encourage both supervisors and supervisees to become more sensitive, more grounded, and to gain more insight in addressing client's R/S concerns. She specified that clinicians need to be more deliberate in practice, and to work with greater reflexivity in the integration of R/S in counseling. Danica further indicated that clinicians need to go beyond the rule and role model to address complex and uncertain issues that need more commitment and reflection than a rehearsing of the rules, to forestall unintended consequences.

Figure 1, below, illustrates the building blocks of Integrated Inductive Reflexivity Theory generated from this research. Additionally, it features how the outcome of the theory could be evaluated.

Figure 1

Building Blocks: Integrated Inductive Reflexivity Theory (IIRT) of R/S Competencies

Development/ Integration.



WHO?
WHEN? &
WHERE? }
WHAT?

The Boundary Conditions of The Theory: Under what conditions or circumstances will the concepts of this theory work?

HOW? How are these concepts of R/S development and integration related to each other?
WHY? Why or for what purpose are the concepts of this theory related to each other?
EVALUATION: What hoped-for outcomes are there? And how can they be evaluated?

Figure 1 shows the explanatory scheme of the constructivist grounded theory of *Integrated Inductive Reflexivity* of the development and integration of R/S competencies in supervision. Kopp (1972) earlier summed up the existential situation that usually led to the yoking of these agents and the integration of healing with R/S in these words:

In every age, men have set out on pilgrimages, on spiritual journeys, on personal quests.

Driven by pain, drawn by longing, lifted by hope, singly and in groups they come in

search of relief, enlightenment, peace, power, joy, or they know not . . . they often seek out helpers, healers, and guides, spiritual teachers whose disciples they would become.

(p. 3)

Working Towards an Expected Outcome

Lastly, the theory envisages expected outcomes when the processes are followed to term with the suggested evaluations at the right moment. What holds the entire theory together is the reflexivity construct. Goldie pointed out the ability of the reflective and reflexive capacity of the human to span like a bridge all the domains of R/S development and integration which permits what has been learned theoretically to be transformed into practical knowledge and skill.

Reflexivity connects the agents (who) to theoretical knowledge (what), and connects theoretical knowledge to practical skills acquisition (how), and to ethical exercise of R/S competencies (why). It is also with reflexivity that both purpose (why) and timing (when) are discerned in the process. Ultimately, the expected outcomes would vary in accordance with the level of maturity and development of each clinician. This theory offers a comprehensive strategy (integrated inductive reflexivity) grounded in the experience of the participants and robust in processes that are dynamic, experiential, easily evaluated, accompanied, and mentored by the supervisor for R/S integration in supervision which Oxhandler and Ellor (2017) had anticipated in their recommendations.

Discussion

Reflexivity is a multifaceted method and practice conceptualized in many ways (Cunliffe, 2009; Hibbert, 2013; Lumsden, 2019). It involves the activity of consciousness to intend and attend to the objects of awareness and to carry out this activity further to a critical level. Archer (2012) defines reflexivity as “the mental ability shared by all normal people to consider

themselves in relation to their social contexts and vice versa.” (p. 1). It is like being mindful of one’s own awareness of one’s situation and critically conscious of the quality of one’s presence and stance in that situation, and carefully discerning the effects on and affect from one’s environment or context at the same time, through the mental ability referenced in Archer’s (2012) definition.

The process of reflexivity includes questioning one’s prejudices, assumptions, and habits of thought to get greater clarity on how one is functioning in relation to one’s role in the community as well as in relation to one’s relationship to others, and its impact on oneself and on others. These are characteristics that the participants identified in their narratives as essential to the acquisition of self-knowledge, and to the matter of attending to the self-of-the-therapist with self-awareness and externalization of the self as though it were an object. This externalization of the self in the process of reflexivity is described by Hofstadter (1968) in the following passage:

I am able, on the one hand, to become conscious of myself also in a different way, making myself into an object for my observation, thought, feeling, and will. So, I can turn inwardly and reflect upon my conscious acts and self, as when I try to watch myself perceiving or remember what it was like to make a certain choice. In this mode of inner observation or reflection, the self and its acts become objects somewhat like objects in the external world. They are amenable to a kind of inner perception, and thereupon to explicit thinking, doubting, believing, wishing, etc. In this role, the self is much like a theoretical entity; it is a structure hypothesized by thinking as lying at the ground of the observed acts, and is susceptible to the hypothetico-deductive methods of science. It is the self which serves as the object of the scientific psychologist. (p. 69).

Reflexive processes range from self-oriented critical thinking within a social context, to processes that were identified by the participants as needful in the development of R/S competencies like: self-reflection, self-awareness, self-knowledge, self-monitoring, and self-evaluation – towards the building of professional identity and the-self-of-the-therapist. These claims are supported by the postulates of Tomassini and Zanazzi (2014) who suggested that,

What seems mostly important in terms of reflexivity and agency dynamics is that competence development has largely to do with the self-identity construction process. . .

The intent is the driving force of any action performed by a subject; it sustains any individual action through knowledge, vision, values, and other elements that keep the individual in effective interaction with the job demand, as well as with the organizational environment characteristics. (p. 304)

In existential, academic, professional, and social contexts, these processes are implicated for positive outcomes. In education and learning, Bostrom et al. (2016) opined that “the reflective appropriation of knowledge is a way to guide action” (p. 8). Reflexivity incorporates personal introspection (Doane, 2003), dialogical exploration (Arvay, 2003), and embodied self-reflexivity (Pagis, 2009). Although it bears relationship to terms like *self-talk*, *interior dialogue*, *the voice within*, *internal dialogue*, *inner monologue*, and *inner experience*, yet it cannot be reduced to any of these terms, because though they may be implicated in reflexivity, they do not encapsulate all its meaning which goes beyond discursive activities to include embodied awareness through bodily experiences (Pagis, 2009).

On the other hand, there is a current emphasis in education that has shifted from a teacher-centered model to a student or learner-centered model (Smart, et al., 2012). This new emphasis in education is characterized by accentuating inquiry learning, problem-based learning,

project-based learning, case-based teaching, discovery learning, and just-in-time teaching (Prince & Felder, 2006). This approach to education is called the inductive approach or simply induction. From the perspective of the motivation to learn, inductive teaching and learning lend themselves easily to motivate students to learn because the inductive method gets students actively and personally involved in the learning process which they pursue with interest; and this method also challenges their creativity and inspires their sense of exploration and discovery. With the inductive method, learning is no longer what the teacher imposes on the students, but what the students take greater and more personal interest and responsibility in doing for their own learning—in their own search, in their own reflection, and in their own discovery.

This form of learning has been shown to encourage active learning in the following skills which form the framework of the core competences required in the development of specific professional competencies in specific fields, (including the development of R/S competencies) and which rely on individual's ability to reflect deeply. Those active learning skills, adapted from Bloom, (1956) are:

- **Analysis skills:** This is the ability to draw connections among ideas, which includes the skill to differentiate, organize, relate, compare, contrast, distinguish, examine, experiment, question and test information, messages and data.
- **Application skills:** This refers to the ability to use information or data in new situations which involves the capacity to execute, implement, solve, use, demonstrate, interpret, operate, schedule and sketch what is given.
- **Evaluative skills:** The ability to justify a stand or a decision. It also includes skills to appraise, argue, defend, judge, select, support, value, critique, weigh conditions, circumstances, information, or data and their appropriateness for a given task or situation.

- knowledge construction/Creativity skills: What is involved here are the skills to produce new or original work; to design, assemble, construct, conjecture, develop, formulate, author, and investigate new knowledge.

These are also those skills identified in Bloom's (1956) taxonomy as higher order forms and processes of thinking which go beyond just the ability to recall previously learned material, (rote learning), and the ability to grasp meaning, restate or explain ideas (comprehension). They are abilities that demand more than regurgitating what has been given by the teacher.

Besides these skills identified in Bloom's (1956) taxonomy as higher order forms and processes of thinking which go beyond the ability to recall previously learned material, and the ability to grasp meaning, there are also certain skills identified by Ark and Schneider (2014) as skills needed for deeper learning competencies. They are skills that demand reflection and reflexivity. Describing these skills Ark and Schneider (2014) stated:

- Interpersonal skills: These are also called people-skills or social intelligence – they refer to those qualities, behaviors and tactics that help people to interact effectively with others in domestic, social, business, and professional contexts. Interpersonal skills give people the ability to work well with others in the classroom, in the supervisory context, in the context of therapy with clients, and in other workplace situations. Basically, these skills help an individual to read and understand the interpersonal signals others send and to interpret them accurately, responding to them in an effective manner. Interpersonal skills include: empathy, adaptability, public speaking, ability to do team work and team building, and conflict management.

- Effective communication skills: These refer to a set of skills that enable people to make themselves understood and to understand others in a proper way. Some of the skills associated with effective communication include: active listening, the use of the right method of

communication, confidence, critical and constructive feedback sharing, empathy, respect, attention to non-verbal cues, and timeliness and responsiveness.

- Open mindedness: This refers to the ability and willingness to try new things or to be open to new ideas and experiences. Another way of characterizing open mindedness is to associate it with receptivity, i.e., being free, and amenable to receive different ideas and opinions without prejudice or bias. Open mindedness is also associated with being friendly and approachable.

- Collaborative skills: These are the skills that are needed in working together with others on a project or a task. They include all the other interpersonal skills mentioned above and the following: diplomacy, the ability to brainstorm, ability to be patient, capacity for tolerance, skills in conflict resolution, and dependability.

All these qualities and skills are presupposed in the generic skills needed for clinical practice. These qualities are condensed in what it takes to arrive at R/S competencies assimilation and integration which the participants in this study identified as required in the process of the development and integration of R/S competencies. Through this study, the function and use of these qualities associated with the development of professional competencies have been theorized as Integrated Inductive Reflexivity Grounded Theory of R/S Development and Integration by this researcher. It summarizes the ideals for the development and assimilation of R/S competencies in counseling supervision.

Chapter 5

Summary, Implications and Recommendations

The purpose of this study was to glean, from experts in the field, through in-depth intensive *e*-interviews, how best to integrate religious and spiritual competencies into counselor supervision. The trending multicultural awareness within which the integration of spirituality and religion into counseling is discussed, has become one of the important developments in counseling and psychotherapy within the last two to three decades. The literature review indicated that R/S integration had been present in healthcare delivery and in the helping professions since the dawn of recorded history, where pristine methods of R/S competencies integration took the form of operating within the insights of available epistemologies and philosophies of various epochs and cultures (Entwistle, 2010).

With the growth of psychology, more nuanced insights about the structure and functioning of human personality provided the basis for a more holistic and integrative approach to therapy. The literature (e.g., Green & Elliot, 2010) demonstrated the positive effects of religiosity and spirituality on better health outcomes. In the field, the literature showed that R/S beliefs, values, and perspectives (or their absence) are central to clients' worldviews and influence their psychosocial functioning (ASERVIC, 2009; Fabricatore et al., 2000; Jenkins & Pargament, 1995). The need to integrate R/S concerns in therapy received attention in the literature in the domain of mental health and related professions. Many scholars and researchers (e.g., Aten & Hernandez, 2004; Brawer, et al., 2002; Cashwell & Young, 2011; Dobmeier & Reiner, 2012; Eck, 2002; Polanski, 2003; Vieten, et al., 2013), recognized the necessity and importance of addressing R/S concerns in clinical training and practice. The increasing support for appropriate integration in this domain indicated the need for counselors to show best

practices related to R/S competencies in their work with clients (Hull et al., 2016). In this regard, Vieten et al. (2013) observed that “determining how and when to actively include religious or spiritual interventions into psychotherapy for those clients who request it requires proficiency, rather than basic competence” (p. 138).

Cashwell and Young (2020) signaled the contemporary trend in the integration of spirituality and religion into counseling when they indicated that present-day therapy should go beyond the superficial aspects of the client to consider “the spiritual core that waits behind the mask or persona” (p. 4). The recognition of the important role of spirituality and religion in peoples’ lives which steered the helping professions to the appreciation of the integration of R/S concerns in counseling practice and training, has led to the re-discovery of personality psychologists who integrated R/S in their psychological theories (Walborn, 2014). These personality psychologists have indicated, in various ways, the need to align integration of R/S to (a) the organization of the human personality, where the religious sentiment functions as a very important aspect of that structure (Allport, 1967); (b) include all stages of human growth and development in the integrative approach (Maslow, 1969); (c) recognize the unity of the whole person as well as the connectedness of the individual to the community (Adler, 1938); (d) recognize people in the unique intersectionality of their individuality (Allport, 1955); recognize the stabilizing function of religion in the psyche (Jung, 1958); take account of the noetic dimension of the psyche through which individuals seek meaning, freedom and responsibility (Frankl, 1975).

While much has been written and discussed about the integration of R/S into counseling practice, not enough attention has been paid to the integration of R/S in training, and particularly in counseling supervision. The present study is a response to the need to bridge the gap between

research findings, the need of clients, the need for R/S competencies training and the status quo in the field which has given rise to the search for appropriate R/S integration strategies in counseling supervision.

Constructivist grounded theory was used to explore the experiences of experts in the field on the development, assimilation and integration of religious and spiritual competencies within the context of counseling supervision. Experts in the domains of supervision, spirituality and religion were invited to participate in the study to provide rich and reliable data. Using both selective and theoretical sampling the researcher recruited 9 experts including 3 male and 6 female participants as a means of selecting information-rich and illuminative understanding of how R/S competencies are developed and integrated in counseling supervision.

The research problem was that clients are potentially hurt when they explore spiritual and religious issues or concerns with counselors, or counselors in training, who are not proficient in the religious or spiritual competencies as set forth by the ASERVIC. Barnett and Johnson (2010) indicated that to function competently, counselors must be holistic in their approach and attend to the physical, mental, emotional, and spiritual well-being of clients, which indicated that the integration of R/S competencies in therapy mattered and a search for an effective way of accomplishing this type of competency training was necessary.

The rationale for this study was grounded in the idea that experts in the religious and spiritual competencies possess unique insight into how these competencies can be incorporated, assimilated, and integrated in counselor supervision. Counseling supervision was chosen as the focus of this study because literature in the field has shown that the primary way graduate students learn about religious and spiritual diversity and the need for R/S integration is through

clinical experience, especially through their experience and their contact with clients in their internships and practicum (Vogel, 2012).

Data were collected from the recruited expert participants through *e*-interviews with the following questions as prompts: (a) How can religious/spiritual competencies be integrated into the supervision of counselor trainees? (b) What kinds of things do supervisors need to do to facilitate the development of R/S competencies in counselor trainees in practicum and internship to address R/S diversity? (c) What kinds of things, if any, might counselor trainees need to do during practicum and internship to develop R/S competencies? (d) How might techniques and methods, designed to facilitate the R/S competencies in supervision, best be presented to counselor educators and supervisors? (e) How might counselor educators and supervisors assess the effectiveness of their efforts in developing R/S competencies in counselor trainees?

From the interviews, themes and subthemes were identified that reflected the major domains in the R/S competencies integration and assimilation in counseling supervision, including the exercise of the assimilated competencies in therapy. These themes function also as answers to the research questions.

The first theme centered around the idea of R/S development plan for the supervisee — a recognition that the integration, assimilation and utilization of R/S competencies by supervisees needs a comprehensive plan in the schedule of their clinical formation; and this in itself was an acknowledgement by the participants of the relevance of R/S integration in supervision and in counseling practice, supported by research (Adams et al., 2015; Aten & Hernandez, 2004; Garner et al., 2017; Polanski, 2003; Ross et al., 2014). The development plan was mentioned specifically by one of the participants. Other participants implicitly broached the concept when

they discussed levels and stages or phases of development; or when they made suggestions about aligning or infusing R/S competencies with existing courses in the curriculum.

The second theme centered on supervision from the perspective of all those agents involved in the R/S competencies integration trajectory highlighting their roles, responsibilities and relationships amongst the agents. Most of the participants recognized the crucial role of the supervisor as the key to what happens to R/S competencies integration in supervision. For instance, one of the participants articulated this point when she said: “the first thing starts with the supervisor a hundred percent,” and “It starts with that supervisor as an individual understanding their own level of spiritual competence.” The modern supervisor is like the helpers in antiquity who were regarded as the enlightened ones who could show others the way (Kopp, 1972), oftentimes like masters and teachers who “held knowledge of the secrets of the dreamtime . . . had knowledge of the wheel of life, possessed knowledge of all-important wisdom . . . whose credentials rested on the clarity with which he could communicate his knowledge of the truth” (Lovat, 2003, p. 6), only that contemporary helpers (if they are supervisors) co-construct their remedy with the supervisees; and the supervisees with their clients. Another participant identified the self-of-the-therapist as a critical part of how counselors and supervisors influence their clients and supervisees by their very presence and the nature of their relationship with them, and this is supported by the practice in ancient times when illuminative processes of induction into ways of being and ways of wisdom, were used by the great masters in forming their disciples with the kind of approach that Gayle (2011) described as “befriending wisdom” (p. 74).

The third theme centered around the knowledge base and understanding that R/S competencies development requires of supervisors and supervisees – including basic knowledge

base in the field, knowledge of major world religions and spiritual traditions, and an understanding of cultural identities. One of the participants suggested various strategies to cover the knowledge base required for R/S competencies.

The fourth theme centered around the theme of R/S interventions – including spiritual interventions, strategies of intervention, the intervention process and ethical issues in R/S interventions. Interventions were spoken of by the participants as integral, integrated, and aligned, taking account of the entire body of clinical skills, and also taking account of the fact that the human being is an organic unity with three aspects to his nature – the moral or spiritual, the psycho/social, and the physical, as Morris (1963) had earlier indicated when he stated:

[These] are closely interrelated aspects of one whole. What affects one will affect the others. In this sense, man's moral nature cannot be separated from his physical and psychological nature. We cannot break these three aspects of man into separate, unrelated fragments without doing extreme violence to his integrity as an organic human being. (p. 227)

The fifth theme centered around evaluation and assessment – including the evaluation of supervisees on the level of their assimilation and performance with R/S competencies, the process of evaluation, self-monitoring, self-report, and self-evaluation. Representing a vital and integral moment and process in the training and formation of potential counselors (Polanski, 2003), the supervisory trajectory of R/S competencies development and integration ought to be evaluated because according to Hall's et al. (2016) insight, clinical supervision plays a primary role in upholding the ethical and competency standards of the counseling profession particularly through the formal evaluation of a trainee's knowledge and skills. Bernard and Goodyear (2009) held that this should be done by a more experienced practitioner.

The sixth theme centered on the topic of reflection and reflexivity – including the place of reflection in clinical deliberate practice, reflection and development, and reflexivity as the bridge across the various domains in R/S competencies development.

Implications

The theory of integrated inductive reflexivity for the development, assimilation, and integration of R/S competencies in supervision has implications for two sets of factors undergirding the trajectory of R/S competencies development and integration in supervision and in clinical practice. The first set of factors relates to three major domains of R/S competencies development and integration – namely the ontological, the epistemological and praxiological dimensions (i.e., at the levels of agents, knowledge and intervention). The second set of factors relate to what must be done to overcome the hurdles and obstacles that tend to prevent the development and integration of R/S competencies in counselor education programs.

To contextualize the first set of factors regarding the implications of integrated inductive reflexivity for R/S competencies development and integration in counseling supervision, the problem of the effective integration of R/S competencies into therapy and in counselor education is not an isolated issue. The issue is related to an identified larger problem of the transformation of theoretical concepts to practical skills for addressing real life situations and problems in the real world. This problem has also been at the center of the research on what has been called “deeper learning,” whose proponents believe that academic knowledge and theoretical competencies are insufficient in themselves to enable students to apply their learning to situations in the workplace. These proponents argue that certain basic practical competencies (e.g., critical thinking, collaboration, communication, learning to learn, academic mindset, and personal dispositions) are necessary for knowledge transfer to take place. Behind all those

factors, induction and reflexivity play prominent roles in going from theoretical concepts to practical skills.

From the perspective of the ontological agents involved in R/S competencies development and integration, the hope for use of integrated inductive reflexivity theory is to improve the way the agents address their style of being, by injecting a critical reflexive quality to the self-awareness of supervisors, supervisees, and even clients who would become more critical of the quality of their presence in both supervision and therapy. Archer (2012) states a belief that this development in reflexivity is indispensable for individuals to appropriate any social (and professional) role that is proposed to them or the obligations that they assume. Archer (2012) recognizes the ontological necessity for reflexivity and expresses it in the statement: “No reflexivity, no society.” (p. 1).

Epistemologically, integrated inductive reflexivity theory, when used deliberately, would target the clinicians’ assumptions, thought processes, and values, to check prejudices and biases in their processes of clinical data collection especially as it relates to R/S concerns; sources of R/S knowledge and what it signifies for the individuals being helped by these clinicians. According to Morawski (2014), reflexivity is “a tool for critically interrogating knowledge claims and productively examining previously neglected aspects of human thought and action” (p. 1655). Furthermore, it involves an intentional stance about the need to reflect and to reason critically about how one’s information and knowledge is obtained and influenced by one’s prior learning, multidisciplinary, interdisciplinary, and transdisciplinary sources of knowledge, biases, and prejudices; and how those fit into the context at hand and approximate to the desired epistemic goal (Weinstock et al., 2017).

At the praxiological level, integrated inductive reflexivity theory is hoped to add critical self-awareness perspective on the methods and processes used in professional practice, and especially in R/S competencies interventions. According to Cunliffe (2009) reflexivity brings the individual to self-examine their impact on others in the light of their responsibility for co-constructing life, the self, and the social reality; and by extension for the co-construction of therapy that happens between therapist and client. The integrated piece in the theory would encourage methodological reflexivity in the integrating agents' intervention so that they become more mindful of their supervisees' or clients' religious or spiritual worldview in choosing R/S interventions.

In a similar way, the use of integrated inductive reflexivity theory would promote the critical and systematic assessment of a clinician's vision of the world, their assumptions and prejudices, and how this could affect methods and procedures chosen; and how these assumptions, in turn, affect their relationship with those involved in their professional activity or intervention. According to Coghlan and Brannick (2005), this systematic and constant analysis of one's own theoretical and methodological presuppositions helps the individual to retain an awareness of their own stance while paying attention to understanding other people's viewpoints. Using integrated inductive reflexivity, the clinician would easily transit from his own positionality to others viewpoints through the process of self-reflexivity involved in the dynamics of integrated inductive reflexivity. This is the process by which the individuals strive to be critically conscious of how personal factors might influence their methods or processes of professional intervention, and with a view to modify and adjust themselves to what has been detected.

The second set of factors relate to the way in which Integrated Inductive Reflexivity theory can be used to overcome the many hurdles and obstacles to the development and integration of R/S competencies in supervision and in clinical practice. The hurdles include structural, cultural, fiscal, psychological, ethical, and moral issues and problems identified by the participants. Structurally, the participants identified that the structure of counselor education programs makes it difficult to fit in additional courses in the curriculum. Integrated Inductive Reflexivity theory would see the problem not from the perspective of getting more time, but in terms of integrating in the available time and program different aspects of R/S competencies in the different courses that constitute the program. One of the participants called this the strategy of infusion.

Culturally, the “post-Christian” culture in the society tends to make the idea of religion and spirituality seem constraining. One of the participants described this situation as a post-religious culture, at least in the mainstream society where religion is viewed as close-minded and bigoted, so that in secular settings and at secular universities “the idea of discussing religion and spirituality can seem to be maybe stigmatizing or imposing.” The antidote to absolute secularism is critical reflexivity with which the individual engages in an ongoing dialogue that critically challenges the status quo, and reflexively and transparently embraces the truth – the truth of his situation, the truth of others, the truth as an encounter with reality.

Psychologically, people are afraid of the unknown, or even disdain the invisible world of religion and spirituality – especially in what appears to be complex, complicated, and even non-palpable and unseen transcendent reality. Integrated inductive reflexivity theory goes beyond the surface of religion and spirituality to the core of the person where reflection and integration contribute to the growth of the individual. Allport (1955) also insisted that one must do more

than scratch the surface of personal growth and reach out “for the organization and growth of the individual person with all his out-reachings, downward, upward, inward, outward” and doing so with attention to the uniqueness of each person (p. 5). It was noted earlier on that Maslow’s vision of religion and spirituality provided a developmental and integrative perspective of growth, healing, and development of the individual who allows their inner potential to be awakened through mindfulness which integrated inductive reflexivity aims to promote. Cashwell and Young (2011) signaled how Maslow’s vision provided a developmental perspective on the integrative process of healing, when they stated:

Maslow (1968) suggested that each person carries a central truth that he or she can actualize. This view is the cornerstone of the developmental perspective of the counseling profession. Some clients’ central truth is grounded in a religious perspective; for all clients, it is potentially a spiritual one. The job of the counselor, then, is to see beyond the superficial to the client’s inner potential that sits by the fire, with a heated poker in hand, the unenlightened being capable of becoming his or her true self. Whether one labels this as *transcendent self-actualization*, *enlightenment*, *Nirvana*, *Christ consciousness*, *mindfulness*, or the myriad other terms used in various wisdom traditions, the path remains the same. Healing is the goal—becoming more whole and, therefore, becoming more holy. (p. 2)

Ethically and morally, the practice of constant reflection of what one is doing, and how they are doing it, taking account of the consequences and repercussions on themselves and on others is at the heart of what the participants suggested in working with reflexivity in supervision. It was noted earlier that Archer (2012) identified the development of reflexivity in professionals as indispensable for individuals to appropriate any social (and professional) role

that is proposed to them or the obligations that they take up, and to carry them out competently and ethically.

Finally, fiscally, the integrated inductive reflexivity theory could easily be instrumental to aligning and integrating R/S competencies with other aspects of the supervision program that attract sponsorship from the government and other agencies. However, this would require the kind of advocacy that one of the participants identified for R/S competencies' integration, in counselor education programs by supervisors, as one of the ways to facilitate the development of R/S competencies in supervisees. According to one of the participants, this would involve the promotion of these competencies (especially in professional counseling supervision) according to the provisions of the ACA Code of Ethics and the requirements of CACREP, in conventions and conferences, which would assure its inclusion and integration in the curriculum of counselor education institutes.

Recommendations

The participants had varied notions on issues and topics recommended for further studies. They are as follows:

- The Status of ASERVIC's Competencies for Addressing Religious and Spiritual Concerns of Clients: Some participants saw the document only as a guide and not as a rule for the integration of R/S into counseling and supervision, whereas some others stated belief that there are legal precedents to include R/S competencies in counseling and supervision not only as legal topic but as mandatory as well. It can be argued that if a supervisor, a supervisee, a counselor can be held accountable for unethical practice if they refused to attend to R/S concerns of their clients, that would suggest that the competencies that guide R/S intervention are not optional guidelines.

- The issue of gender role in the integration of R/S in counseling and supervision was also addressed in the discussions during the interviews. The issue addressed was what difference it would make when the issue of R/S integration concerns the gender of the supervisee or the client? For example: “What does the supervisor or counselor do if this person’s religion seems to be discriminating against women?” “And how does a supervisor or a counselor respond to that and stay open to their value system, if that value system is in opposition to what counselor’s value, or the counseling profession values?” How does working with a person of a different gender — change the dynamics of how integration is done? Could cultural perspectives on gender affect how R/S competencies are interpreted especially in cases where following certain cultural norms might compromise the values of the counseling profession?

- A third issue concerns R/S integration when working with minors. If a supervisee was working with a minor (with in individual or family therapy) who had spiritual concerns of their own, how would a supervisor help the supervisee deal with the spiritual concerns of a minor?

Further research into the nature of the three listed issues of R/S competencies is recommended. Further research on the indicated issues will contribute to a better understanding of best practices in R/S integration in counseling supervision and counseling practice. Cautions should be taken that the present theory is not a standalone theory of counseling supervision, but a strategy for effective R/S integration in counseling and supervision which can easily be integrated to supervision theories. The most salient feature of the present study is the insistence on accompanying practice with reflexivity and deliberation. The researcher sums up his hopes for the development and integration of R/S competencies in supervision with Ryan-Bloore’s (2013) insight about the importance and contribution of R/S integration in therapy (and by

extension in supervision) through the interface of psychology and spirituality in the process of spiritual growth and human development in these words:

We cannot grow spiritually without psychological development: and psychological development is incomplete unless it leads to an encounter with the spiritual, with God, as an inner Divine presence. Only that encounter gives meaning and purpose to our human existence. The bridge which unites them is the psycho-spiritual interface found in the vessel of the human psyche. (p. 9)

References

- Abend, G. (2008). The meaning of 'theory', *Sociological Theory*, 26(2), 173-199.
<https://doi.org/10.1111/j.1467-9558.2008.00324.x>
- Abramovitch, H., & Kirmayer, L. J. (2003). The relevance of Jungian psychology for cultural psychiatry. *Transcultural Psychiatry*, 40(2), 155-163.
- Adams, J. (1987). Historical review and appraisal of research on the learning, retention and Transfer of human motor skills. *Psychological Bulletin*, 10(1), 41-74.
- Adams, C. M., Puig, A., Baggs, A., & Wolf, C. P. (2015). Integrating religion and spirituality into counselor education: Barriers and strategies. *Counselor Education and Supervision*, 54(1), 44-56.
- Adams, W. C. (2015). Conducting semi-structured interviews. In K. E. Newcomer, H. P. Hatry, J. S. Wholey (Eds.), *Handbook of practical program evaluation* (4th ed.) (pp. 492-505). Wiley Publications.
- Adler, A. (1913). *The individual psychology of Alfred Adler*. H. L. Ansbacher & R. R. Ansbacher (Eds.). Harper Torch Books. (Original work published in 1913)
- Adler, A. (1927 May 10, 1927). The feeling of inferiority and the striving for recognition. *Proceedings of the Royal Society of Medicine*, (May 10, 1927, pp.1881-1886).
<https://journal.sagepub.com/doi/pdf/10.1177/003591572702001246>
- Adler, A. (1954). *Understanding human nature* (W. B. Wolfe, trans.). Fawcett Publications.
- Adler, A. (1956). *The individual psychology of Alfred Adler: A systematic presentation in selections from his writings*. H. L. Ansbacher & R. R. Ansbacher (Eds.), Harper & Row.
- Adler, A. (1964). Religion and individual psychology. In, *Superiority and social interest* (pp. 271-308). Northwestern University Press. (Original work published in 1933)

- Adler, A. (1979). On the origin of the striving for superiority and social interest. (H. L. Ansbacher & R. R. Ansbacher, (Eds.), *Superiority and social interest: A collection of later writings*. W. W. Norton. (Original work published 1933)
- Adler, A. (2010). *What life should mean to you*. Martino Publishing. (First published in Great Britain 1932).
- Adler, A. (2011). *Social Interest: A Challenge to Mankind*. Martino Fine Books. (Original work published in 1938).
- Akinyode, B. F., & Khan, T. H. (2018). Step by step approach for qualitative data analysis. *International Journal of Built Environment and Sustainability*, 5(3), 163-174.
<https://doi.org: 10.11113/ijbes.v5.n3.267>
- Aldiabat, K. M. (2018). Data saturation: The mysterious step in grounded theory method. *The Qualitative Report*, 23(1), 245-261.
- Allen-Wilson, A. (2016). Integrating and addressing religion and spirituality in supervision and training. In Hardy, K. & Bobes, T. (Eds.), *Culturally sensitive supervision and training*. (pp. 57-64) Routledge.
- Allport, G. W. (1937). The functional autonomy of motives. *The American Journal of Psychology*, 50(1) 141-156.
- Allport, G. W. (1939). *Personality: A Psychological Interpretation*. Henry Holt & Company.
- Allport, G. W. (1940). The psychologist's frame of reference. *Psychological Bulletin*, 37(1), 1-28. <https://doi.org:10.1037/h0060064>
- Allport, G. W. (1955). *Becoming: Basic considerations for a psychology of personality*. Yale University Press, Inc.
- Allport, G. W. (1958). The functional autonomy of motives. In C. L. Stacey & M. DeMartino

- (Eds.), *Understanding human motivation* (pp. 69-81). Howard Allen Publishers.
- Allport, G. W. (1967). *The Individual and his religion: A psychological Interpretation*
Macmillan Publishing Company. (Originally published in 1950).
- Allport, G. W. (1968). *The person in psychology: Selected essays by Gordon Allport*. Beacon Press.
- Allport, G. W. & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5(4), 432-443.
- American Counseling Association (2020). Divisions, regions, and branches.
<https://www.counseling.org/about-us/divisions-regions-and-branches>
- American Counseling Association (2014). *ACA code of ethics*.
<https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Angus, L. & Kagan, F. (2007). Empathic relational bonds and personal agency in psychotherapy: Implications for psychotherapy supervision, practice, and research. *Psychotherapy: Theory, Research, Practice, Training*, 44(4), 371-377.
- Ansbacher, H.L. & Ansbacher, R.R. (Eds.). (1956). *The individual psychology of Alfred Adler: A systematic presentation in selections from his writings*. Harper Torch-books.
- Arafeh, S. (2016). Curriculum mapping in higher education: A case of study of and proposed Content scope and sequence mapping tool. *Journal of Further and Higher Education* 40(5), 585-611.
- Archer, M. (2012). *The reflexive imperative in late Modernity*. Cambridge University Press.
<https://doi.org/10.1017/CBO9781139108058>

- Ark, T. V., & Schneider, C. (2014), Deeper learning for every student every day. Hewlett Foundation. <https://hewlett.org/wp-content/uploads/2016/08/Deeperlearning>
- Arksey, H. and Knight, P. (1999) *Interviewing for Social Scientists*. SAGE, London. <https://dx.doi.org/10.4135/9781849209335>
- Arora, S., Yttri, J., & Nilsen, W. (2014). Privacy and security in mobile health (mHealth) research. *Alcohol Research*, 36(1), 143-152.
- Arthur, A. (2019). Spirituality and our search for meaning: Frankl's logotherapy. ResearchGate, January 2019. <https://doi.org: 10.13140/RG.2.2.32485.04325>
- Arredondo, P., Toporek, R., Brown, S. P., Sanchez, J., Locke, D. C., Sanchez, J., Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling and Development*, 24, 42-78.
- Arvay, M. (2003). Doing reflexivity: A collaborative, narrative approach. In Finlay, L. & Gough, B. (Eds.), *Reflexivity* (pp. 163-175). Blackwell.
- Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC), (n.d.). *Spirituality: A white paper issued by the Association for Spiritual, Ethical, and Religious Values in Counseling*. (Summit on Spirituality Results).
- Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC) (2009). Spiritual and Religious competencies: Competencies for addressing spiritual and religious issues in counseling. <https://www.aservic.org/resources/spiritual-competencies>
- Aten, J. D., & Hernandez, B. C. (2004). Addressing religion in clinical supervision: A model. *Psychotherapy, Theory, Research, Practice, Training*. 41(2), 152-160.
- Attride-Stirling, J. (2001). Thematic works: An analytic tool for qualitative research. *Qualitative Research* 1(3), 385-405. <https://doi.org: 0.1177/146879410100100307>

- Austin, Z., & Sutton, J. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy*, 68(3), 226-231.
- Baetz, M.; Larson, D. B.; Marcoux, G.; Bowen, R.; Griffin, R. (2002). Canadian psychiatric inpatient religious commitment: An association with mental health. *Canadian Journal of Psychiatry*, 47, 159-166. <https://doi.org/10.1177/070674370204700206>
- Baglow, C. T. (2020). *Faith, Science and Reason: Theology on the cutting edge*. Mid-West Theological Forum.
- Bahm, A. J. (1971). Science is not value-free. *Policy Sciences*, 2, 391-396. <https://doi.org/10.1007/BF01406139>
- Bailey, C. A. (1996). *A guide to field research*. Pine Forge.
- Balt, S. (2011). Psychosomatic illness and the DSM-5. <https://thoughtbroadcast.com/2011/01/21/psychosomatic-illness-and-the-dsm-5/>
- Bangert-Drowns, R. (2005). Literature review. In S. Mathison (Ed.), *Encyclopedia of evaluation*. (pp. 232-233). SAGE Publications, Inc. <https://dx.doi.org.leopac.ulv.edu/10.4135/9781412950558.n319>
- Barkman, S. J. (2002). A field guide to designing quantitative instruments to measure program impact. Purdue Extension, Purdue University. <https://ag.purdue.edu/extension/pdehs/Documents/QuantitativeFieldGuide.pdf>
- Barnett, J. E. & Fiorentino, N. (2000). Spirituality and religion: Clinical and ethical issues for psychotherapists. Part II. *Psychological Bulletin*, 35, 32-35
- Barnett, J. E., & Johnson, W. B. (2010). *Ethics desk reference for counselors*. American Psychological Association.
- Baston, C. D., & Stocks, E. L. (2004). Religion: Its core psychological functions. In J.

- Greenberg, S. L. Koole, & T. Pyszczynski (Eds.), *Handbook of Experimental Existential Psychology* (pp. 141-155). Guilford Press.
- Beck, B. (2014). The value of social interest: A research paper presented to the faculty of The Adler Graduate School. <https://alfredadler.edu/sites/default/files/BeckMP2014.pdf>
- Berger, P. & Luckmann, T. (1991). *The social construction of reality*. Penguin Books.
- Bernard, J. M. (1997). The discrimination model, In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (310-327). Wiley.
- Bernard, J. M., & Goodyear, R. K. (1998). *Fundamentals of Clinical Supervision*. Allyn and Bacon.
- Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of Clinical Supervision*. Pearson.
- Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of Clinical Supervision*. (6th ed.). Pearson.
- Bhattacharjee, A. (2012). Social science research: Principles, methods, and practices *Textbooks Collection. 3*. http://scholarcommons.usf.edu/oa_textbooks/3
- Bishop, D. R., Avila-Juarbe, E., & Thumme, B. (2003). Recognizing spirituality as an important factor in counselor supervision. *Counseling and Values, 48*, 34-46.
- Birks, M., & Mills, J. (2015). *Grounded theory: A practical guide*. SAGE Publications.
- Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research. *Journal of Research in Nursing, 13*(1), 68-75.
- Birks, M., Mills, J., Francis, K., & Chapman, Y. (2009). A thousand words paint a picture: The use of storyline in grounded theory research. *Journal of Research in Nursing, 14*(5), 405-417.
- Bitsch, V. (2000). "Agricultural economics and qualitative research: Incompatible paradigms?"

Forum: Qualitative Social Research 1(1). Online journal.

<https://qualitative-research.net/fqs-texte/1-00/1-00bitsch-e.htm>

Bitsch, V. (2005). Qualitative research: A grounded theory example and evaluation criteria.

Journal of Agribusiness, 23, 75-91.

Bloom, B. S. (Ed.). (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook 1, Cognitive Domain*. Longmans.

Bloomberg, L. D., & Volpe, M. (2019). *Completing your qualitative dissertation: A road map from beginning to end*. (4th. ed.). SAGE Publications.

Blumenfeld-Jones, D. (1995). Fidelity as a criterion for practicing and evaluating narrative inquiry. *Qualitative Studies in Education*, 8(1), 25-35

Boell, S. K., & Cecez-Kecmanovic, D. (2014). A hermeneutic approach for conducting literature reviews and literature searches. *Communications of the Association for Information Systems*, 34(12). <http://aisel.aisnet.org/cais/vol34/iss1/12>

Bostrom, M., Lidskog, R., & Ugglå, Y. (2016). A reflexive look at reflexivity in environmental Sociology. *Environmental Sociology*, 3(1), 6-16.

Bourdeau, M. (2020). Comte, Auguste (1798-1857). In, G. Ritzer, J. M. Ryan, B. Thorn (Eds.), *The Blackwell encyclopedia of sociology*. John Wiley and Sons.

Bourke, B. (2014). Positionality: Reflecting on the research process. *The Qualitative Report*, 19(18), 1-9.

Bowen, G. A. (2006). Grounded theory and sensitizing concepts. *International Journal of Qualitative Methods*, 5(3) Article 2.

http://www.ualberta.ca/~iiqm/backissues/5_3/pdf/bowen.pdf

Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative*

- Research Journal*, 9(2), 27-40.
- Bowen, G. A. (2019). Sensitizing concepts. In P. Atkinson, S. Delamont, A. Cernat, J. W. Sakshaug, & R. A. Williams (Eds.), *Sage research methods foundation* (pp. 1-12). SAGE Publications. <https://doi.org:10.4135/9781526421036788357>
- Bohart, A. C., & Tallman, K. (1999). *How clients make therapy work: The process of Active self-healing*. American Psychological Association.
- Bozarth, J. D., Barry, J. D., Meyers, J., & Heyn, J. E. (1985). Jungian analytic psychology and old age. *Journal of Applied Gerontology*, 4(2), 105-110.
- Brandom, R. (1987). Pragmatism, phenomenism, and truth talk. *Midwest Studies in Philosophy*, 12(1), 75-93.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org: 10.1191/1478088706qp063oa>
- Brawer, P. A., Handal, P. J., Fabricatore, A. N., Roberts, R., & Wajda-Johnston, V. A. (2002). Training and education in religion/spirituality within APA-accredited clinical psychology programs. *Professional Psychology: Research and Practice*, 33(2), 203–206.
- Brian, M. S., Bayne, H., & Lorelle, S. (2012). A constructivist perspective for integrating spirituality into counselor training. *Counselor Education and Supervision*, 51, 270-280.
- Briggs, M. K., & Rayle, A. D. (2005). Incorporating spirituality into core counseling courses: Ideas for classroom application. *Counseling and Values*, 50, 63-75
- Bringer, J. D., Johnston, L. H., & Brackenridge, C. H. (2004). “Maximizing transparency in a doctoral thesis: The complexities of writing about the use QSR*NVIVO within a grounded theory study.” *Qualitative Research* 4(2), 247-265.
- Brinkmann, S. & Kvale, S. (2015). *Interviews: Learning the craft of qualitative research*

- interviewing* (4th ed.). SAGE Publications.
- Brownson, R. C., Colditz, G. A., & Proctor, E. K. (Eds.). (2012). *Dissemination and implementation research in health: Translating science to practice*. Oxford University Press.
- Bruce, J., & Mollison, J. (2004). Reviewing literature: Adopting a systematic approach. *Journal of Family Planning and Reproductive Health Care*, 30(1), 13 – 16.
- Bruff v. North Mississippi Health Services, Inc., 244 F 3d 495 (5th Cir. 2001).
- Bruscaglioni, L. (2016). Theorizing in grounded theory and creative abduction. *Quality and Quantity: International Journal of Methodology*, 50, 2009-2024.
<https://doi.org/10.1007/s11135-015-0248-3>
- Bryant, A. & Charmaz, K. (2007). Grounded theory in historical perspective: An epistemological account. In A. Bryant & K. Charmaz (Eds.), *The SAGE handbook of grounded theory*. (pp. 31-57) SAGE publications.
- Bryant, A. & Charmaz, K. (2007b). Introduction: Grounded theory research: Methods and Practices. In A. Bryant and K. Charmaz (Eds.), *The SAGE handbook of grounded theory* (pp. 1-28) SAGE Publications.
- Burke, M. T., Hackney, H., Hudson, P., Miranti, J., Watts, G. A., & Epp, L. (1999). Spirituality, religion, and CACREP curriculum standard. *Journal of Counseling & Development*, 7(3), 251–257.
- Butler, M. H., & Harper, J. M. (1994). The divine triangle: God in the marital system of religious couples. *Family Process* 33, 277-286.
- Butman, R. E. (1999). Christian growth. In D. G. Benner & P. C. Hill (Eds.), *Baker encyclopedia of psychology and counseling* (2nd ed., pp. 191-193). Baker.

- Callahan, A. M. (2016). Facilitating spiritual competencies: A qualitative study of undergraduates. Presented at NACSW Convention Cincinnati, Ohio. Nov. 17– 20.
<https://www.nacsw.org/Publications/Proceedings2016/CallahanAFacilitatingFINAL.pdf>
- Captari, L. E., Hook, J. N., Hoyt, W., Davis, D. E., McElroy-Heltzel, S. E., Worthington, Jr. E. L. (2018). Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta-analysis. *Journal of Clinical Psychology*, 34, 1938-1951.
<https://doi.org/10.1002/jclp.22681>
- Carlson, T. D., Kirkpatrick, D., Hecker, L., & Killmer, M. (2002). Religion, spirituality, and marriage and family therapy: A study of family therapists' beliefs about the appropriateness of addressing religious and spiritual issues in therapy. *American Journal of Family Therapy*, 30(2), 157–171.
- Cashwell, C. S., Bentley, P. B., & Yarborough, J. P. (2007). The only way out is through: The peril of spiritual bypass. *Counseling and Values*, 51, 139-148.
- Cashwell, C. S., & Young, J. S. (Eds.). (2005). *Integrating spirituality and religion into counseling: A guide to competent practice*. American Counseling Association.
- Cashwell, C. S., & Young, J. S. (Eds.). (2020). *Integrating spirituality and religion into counseling: A guide to competent practice*. (3rd ed.). American Counseling Association.
- Cattell, R. B. (1946). *Description and measurement of personality*. World Book.
- Chadha, M. (2015). A Buddhist epistemological framework for mindfulness meditation. *Asian Philosophy*, 25(1), 65-80. <https://doi.org/10.1080/09552367.2015.1012802>
- Chalmers, A. F. (1999). *What is this thing called science?* (3rd ed.). Open University Press.
- Chappelle, W. (2000). A series of progressive legal and ethical decision-making steps for using

- Christian spiritual interventions in psychotherapy. *Journal of Psychology and Theology*, 28, 43-53.
- Charmaz, K. (1996). The search for meanings – Grounded theory. In, J. A. Smith, R. Harre, & L. Van Langenhove (Eds.), *Rethinking methods in psychology* (pp. 27-49). SAGE Publications.
- Charmaz, K. (2002). Stories and silences: Disclosure and self in chronic illness. *Qualitative Inquiry*, 8(3), 302-328.
- Charmaz, K. (2003). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies for qualitative inquiry* (2nd ed.) (pp. 249-291). SAGE Publications.
- Charmaz, K. (2005). Grounded theory in the 21st century: A qualitative method for Advancing Social justice. In N. Denzin and Y. Lincoln (Eds.), *Handbook of qualitative research* (3rd ed.) (pp. 507-535). SAGE Publications.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. SAGE Publications.
- Charmaz, K. (2009). Stories, silences, and self: Dilemmas in disclosing chronic illness. In D. E. Brashers and D. J. Goldstein (Eds.), *Communicating to manage health and illness* (pp. 240-270). Routledge.
- Charmaz, K. (2010). Studying the experience of chronic illness through grounded theory. In G. Scambler and S. S. Palgrave (Eds.), *New Directions in the Sociology of Chronic and Disabling Conditions: Assaults on the Lifeworld* (pp. 8-36). Macmillan.
- Charmaz, K. (2014). *Constructing Grounded Theory*, (2nd ed.). SAGE Publications, Inc.
- Cheston, S. (2000). A New Paradigm for Teaching Counseling Theory and Practice.

- Counselor Education and Supervision*, 39, 354-369.
- Cloninger, C. R. (2013). What makes people healthy, happy, and fulfilled in the face of current world challenges. *Mens Sana Monograph*, 11(1), 16-24.
- Cloninger, C. R. (2006). The Science of well-being: An integrated approach to mental health and its disorders. *World Psychiatry*, (5)2, 71-76.
- Coghlan, D. & Brannick, T. (2005). *Doing action research in your own organization*. SAGE Publications.
- Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education* (6th ed.). Routledge.
- Collins, F. (2006). *The language of God: A scientist presents evidence for belief*. Free Press.
- Comte, A. (1882). *The eight circulars of Auguste Comte*. R. Congreve (Ed.), Trubner and Company.
- Cone, P. H., & Giske T. (2018). Integrating spiritual care into nursing education and practice: Strategies utilizing open journey theory. *Nurse Education Today*, 71, 22-25
- Corbett, J. M. (1990). *Religion in America*. Prentice-Hall.
- Corbin, J., & Strauss, A. (2015). *Basics of quantitative research: Techniques and Procedure for developing grounded theory* (4th ed.). SAGE Publications.
- Corey, G. (2017). *Theory and practice of counseling and psychotherapy* (10th ed.). Cengage Learning.
- Cornish, M. A., & Wade, N. G. (2010). Spirituality and religion in group counseling: A literature review with practice guidelines. *Professional Psychology: Research and Practice*, 41(5) 398-404.
- Council for Accreditation of Counseling and Related Educational Programs. (2016).

2016 CACREP Standards. Retrieved: August 31, 2016.

<https://www.cacrep.org/2016standards.pdf>

Coyle, A., & Lochner, J. (2011). Religion, spirituality, and therapeutic practice.

The Psychologist, 24(4), 264-266.

Crabb, L. J. (1977). *Effective biblical counseling*. Zondervan Publishing House.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. (3rd ed.), SAGE Publications.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods Approaches*. (4th ed.), SAGE Publications.

Creswell, J. W. & Clark, V. L. P. (2011). *Designing and conducting mixed methods research*, (2nd ed.), SAGE Publications.

Creswell, J.W. & Poth, J. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. (4th ed.), SAGE Publications.

Crook-Lyon, R. E., O'Grady, K. A., Smith, T. B., Jensen, D. R., Golightly, T., & Potkar, K. (2012). Addressing religious and spiritual diversity in graduate training and multicultural education for professional psychologists. *Psychology of Religion & Spirituality*, 4, 169-181.

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the Research process*. Allen & Unwin.

Cunliffe, A. L. (2009). Reflexivity, learning and reflexive practice. In S. Armstrong C. Fukami (Eds.), *The SAGE handbook of management learning, education and development*. (pp. 405-418). SAGE.

Cutcliffe, J. R., & McKenna, H. P. (2004). Expert qualitative researchers and the use of audit

- trails. *Journal of Advanced Nursing*, 45(2), 126-135.
- Daher, M., Carre, D., Jaramillo, A., Olivares, H., & Tomicic, A. (2017). Experience and meaning in qualitative research: A conceptual review and a methodological device proposal. *Forum: Qualitative Social Research*, 18(3) art 9.
- D'Andrea & Daniels, (2006). Embracing the deep structure of multicultural counseling. *Counseling Today*. American Counseling Association.
<https://ct.counseling.org/2006/01/ct-online-dignity-development-diversity>
- Daniel, E. (2016). The usefulness of qualitative and quantitative approaches and methods in researching problem-solving ability in science education curriculum. *Journal of Education and Practice*, 7(15), 91-100.
- Deane, P., & Song, Y. (2015). The key practice, discuss and debate ideas: Conceptual framework, literature review, and provisional learning progressions for argumentation. *ETS Research Report Series*, 2015 (2), 1-21. <https://doi.org/10.1002/ets2.12079>
- Delaney, H. D., Forcehimes, A. A., Campbell, W. P. & Smith, B.W. (2009). Integrating spirituality into alcohol treatment. *Journal of Clinical Psychology*, 65, 185-198.
- Deleanu, F. (1992). Mindfulness of Breathing in the Dhyāna Sūtras. *Transactions of the International Conference of Orientalists in Japan (TICOJ)*, 37, 42 – 57.
- Denzin, N. K. (1989). *Interpretive interactionism*. SAGE Publications.
- Denzin, N. K. (1994). 'The art and politics of interpretation.' In N. K. Denzin and Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 500-515). SAGE Publications.
- Denzin, N. K. (1997). Coffee with Anslem. *Qualitative Family Research*, 11(1-2), 11-18.
- Denzin, N. K., & Lincoln, Y. (Eds.). (1994). *Handbook of qualitative research*. SAGE Publications.

- Denzin, N. K., & Lincoln, Y. (Eds.). (2005). *Handbook of qualitative research* (3rd ed.). SAGE Publications.
- Dewey, J. (1938). *Logic, the theory of inquiry*. Holt Publishing.
- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education, 40*, 314-321.
- Doane, G. (2003). Reflexivity as presence: A journey of self-inquiry, 93-102. In Finlay, L. & Gough, B. (Eds.). *Reflexivity* (pp. 93-102). Blackwell Publishing Company.
- Dobmeier, R. A., & Reiner, S. M. (2012). Spirituality in the counselor education curriculum: A national survey of student perceptions. *Counseling and Values, 57*(1), 47–65.
- Dobson, K., & Beshai, S. (2013). The theory-practice gap in cognitive behavioral therapy: Reflections and a modest proposal to bridge the gap. *Behavior Therapy* (2013), <http://dx.doi.org/10.1016/j.beth.2013.03.002>
- Doran, C. (2017). Rage and anxiety in the split between Freud and Jung. *Humanities, 6*(53), 1-13.
- Douglas, D. (2003). Grounded theories of management: A methodological review. *Management Review News, 26*, 44-60
- Draucker, C. B., Martsolf, D. S., Ross, R., & Rusk, T. B. (2007). Theoretical sampling development in grounded theory. *Qualitative Health Research, 17*(8), 1137-1148.
- Dueck, A. C., & Reimer, K. (2004). Religious discourse in psychotherapy. *International Journal of Existential Psychology and Psychotherapy, 1*(1), 3-15.
- Durham, T. G. (2019). Clinical supervision: An overview of functions, processes and methodology. NAADAC.org. The Association of for Addiction Professionals. https://www.naadac.org/assets/2416/clinical_supervision_workbook-sneak_peek.pdf

- Eck, B. E. (2002). An exploration of the therapeutic use of spiritual disciplines in clinical practice. *Journal of Psychology and Christianity*, 21(3), 266-280.
- Edenfield, T. M., & Saeed, S. A. (2012). An update on mindfulness meditation as a self-help treatment for anxiety and depression. *Psychology Research and Behavior Management*, 5, 131-141.
- Egnew, T. (2005). The meaning of healing: Transcending suffering. *Annals of Family Medicine*, 3, 255-262
- Eicher-Catt, D. (2016). Ontology. In, K. B. Jensen, E. W. Rothenbuhler, J. D. Pooley, & R. T. Craig (Eds.), *The international encyclopedia of communication Theory and philosophy*. John Wiley & Sons, Inc. <https://doi.org/10.1002/9781118766804.wbiect057>
- Elkins, D. N., Hedstrom, L. J., Hughes, L. L., Leaf, J. A., & Saunders, C. (1988). Toward a humanistic-phenomenological spirituality. *Journal of Humanistic Psychology*, 28, 5-18.
- Elkonin, D., Brown, O., & Naicker, S. (2014). Religion, spirituality, and therapy: Implications for training. *Journal of Religion and Health*, 53(1), 119-134.
<https://doi.org/10.1007/s10943-012-9607-8>
- Ellenberger, H. F. (1970). *The discovery of the unconscious: The history and evolution of dynamic psychiatry*. Basic Books.
- Ellis, A. (1980), Psychotherapy and atheistic values: A response to A. E. Bergin's "Psychotherapy and religious values." *Journal of Clinical and Consulting Psychology*, 48, 635-639.
- Entwistle, D. N. (2010). *Integrative approaches to psychology and Christianity: An introduction to worldview issues, philosophical foundations, and models of integration*. Cascade Books.

Erskine, R. (2015). What is integrative psychotherapy?

<https://www.integrativetherapy.com/en/integrative-psychotherapy.php>

Evans, R. I. (1967). Jung, Carl Gustav. In *New Catholic Encyclopedia* Vol. VIII, (pp. 57-58) McGraw-Hill Book Company.

Exline, J. J., & Rose, E. (2005). Religious and spiritual struggles. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 315-330). Guilford Press.

Exline, J. J., & Rose, E. D. (2014). Religious and spiritual struggles. In Paloutzian, R. F., & Park, C. L. (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 380–398). Guilford Publications.

Fabricatore, A. N., Handal, P. J., & Fenzel, L. M. (2000). Personal spirituality as a moderator of the relationship between stressors and subjective well-being. *Journal of Psychology & Theology*, 28, 221-228.

Farah, S. (2013). The individuation project: A Jungian journey to self-actualization.

The Center of Applied Jungian Studies (CAJS). <https://appliedjung.com/individuation-project>

Fassinger, R. E. (2005). Paradigms, praxis, problems and promise: Grounded theory in counselling psychology research. *Journal of Counselling Psychology*, 52(2), 156-166.

Fink, A. (2014). *Conducting research literature reviews: From the internet to paper* (4th ed.), SAGE Publications.

Foley, G., & Timonen, V. (2015). Using grounded theory method to capture and analyze health care experiences. *Health Services and Research*, 50(4), 1195-1210.

<https://doi.org/10.1111/1475-6773.12275>

- Fontana, A. (2003). Postmodern trends in interviewing. In J. F. Gubrium & J. A. Holstein (Eds.), *Postmodern interviewing* (pp. 51-66). SAGE Publications.
- Foster, L. (2012). Professional counselor credentialing and program accreditation in the United States: A historical review. *Journal for International Counselor Education* 4, 42-56.
<http://digitalcommons.library.unlv.edu/jice>
- Fowler, J. W. (1981). *Stages of faith: The psychology of human development and the quest for meaning*. Harper and Row.
- Fowler, J. W. (1991). Stages in faith consciousness. In F. K. Oser & W. G. Scarlett (Eds.), *Religious development in childhood and adolescence [Special issue]*. *New Directions for Child Development*, 52, 27-45.
- Fox, N. (2009). Using interviews in a research project. The National Institute for Health Research. (pp. 1-40). The NIHR RDS for the East Midlands/Yorkshire & the Humber, 2006. <https://www.rds-yh.nihr.ac.uk/wp-content/uploads/2013/05/15 Using-Interviews-2009.pdf>
- Frame, M. W. (2003). *Integrating religion and spirituality into counseling: A comprehensive approach*. Brooks/Cole.
- Frankl, V. E. (1959). *Man's search for meaning: An introduction to logotherapy*. Beacon Press
- Frankl, V. E. (1963). *Man's search for meaning: An introduction to logotherapy*. Pocket Books.
- Frankl, V. E. (1966). Self-transcendence as a human phenomenon. *Journal of Humanistic Psychology*, 6(2), 97-106.
- Frankl, V. E. (1967). *Psychotherapy and existentialism: Selected papers on logotherapy*. Penguin.
- Frankl, V. E. (1975). *The unconscious God: Psychotherapy and theology*. Simon & Schuster.

- Frankl, V. E. (1978). *The unheard cry for meaning: Psychotherapy and humanism*. Touchstone Book.
- Frankl, V. E. (1984). *Man's search for meaning*. Washington Square Press. (Original work published in 1946).
- Frankl, V. E. (2000). *Man's search for ultimate meaning*. Basic Books.
- Fredrickson, B. L. (2000). Cultivating positive emotions to optimize health and well-being. *Prevention and Treatment, 3*(1).
<http://journals.apa.org/prevention/volume3/pre0030001a.html>
- Fredrickson, B. L. (2002). How does religion benefit health and well-being? Are positive emotions active ingredients? *Psychological Inquiry, 13*, 209-213.
- Freud, S. (1990). *Totem and taboo*. (The standard edition). Norton and Company. (Originally published in 1913).
- Freud, S. (1964). *The future of an illusion*. Anchor Books. (Originally published in 1927).
- Freud, S. (2010). *Civilization and its discontents*. (I. Smith, Ed.). (Originally published in 1930)
<https://holybooks-lichtenbergpress.netdna-ssl.com/wp-content/uploads/Sigmund-Freud-The-Complete-Works.pdf>
- Fry, P. S. (2000). Religious involvement, spirituality, and personal meaning for life: Existential predictors of psychological wellbeing in community-residing and institutional care elders. *Aging & Mental Health, 4*, 375-387.
- Fukuyama, M.A., & Sevig, T. D. (2002). Spirituality in counseling across cultures. In P. B. Pedersen, J. G. Draguns, W. R. Lonner & J. E. Trimble (Eds.), *Counseling across cultures* (pp. 273-295). SAGE Publications.
- Fukuyama, M. A., & Sevig, T. D. (1999). *Integrating spirituality into multicultural counseling*.

SAGE Publications.

- Fuller, A. R. (2008). *Psychology and religion: Classical theorists and contemporary Developments*. Rowman & Littlefield Publishers, Inc.
- Funder, D. C. (1991). Global traits: A Neo-Allportian approach to personality. *American Psychological Science*, 2(1), 31-39.
- Galbin, A. (2014). An introduction to social constructionism. *Social Research Report*, 26, 82-92.
- Gallo, L. (2014). Spirituality and school counselor education and supervision. *Journal of School Counseling*, 12(6). <http://www.jsc.montana.edu/articles/v12n6.pdf>
- Galton, F. (1874). *English men of science: Their nature and nurture*. Macmillan.
- Gay, L. R., Mills, G. E., & Airasian, P. (2009). *Educational research competencies for analysis and application*. Pearson.
- Gayle, R. (2011). Befriending wisdom. *Journal of Analytic Teaching and Philosophical Praxis*, 31(1), 70-78.
- Geertz, C. (1973). *The interpretation of cultures*. Basic Books.
- Geller, S. M., & Greenberg, L. S. (2012). *Therapeutic presence: A mindful approach to effective therapy*. American Psychological Association.
- Geller, S. M., & Porges, S. W. (2014). Therapeutic presence: Neurophysiological mechanisms Mediating feeling safe in therapeutic relationships. *Journal of Psychotherapy Integration*, 24(3), 178-192.
- George, L. K., Ellison, C. G., & Larson, D. B. (2002). Explaining the relationships between religious involvement and health. *Psychological Inquiry*, 13, 190-200.
http://doi.org/10.1207/S15327965PLI1303_04

- Georgiou, I. (2021). The literature review as an exercise in historical thinking. *Human Resource Development Review*, 20(2), 252-273. <https://doi.org/10.1177/15344843211004027>
- Gergen, K. J. (2004). Constructionism, social. *The SAGE encyclopedia of social science Research Methods*. Volume 1, 183-185. <https://doi.org/10.4135/9781412950589.n164>
Online ISBN: 9781412950589. <https://works.swarthmore.edu/fac-psychology/1064>
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40, 266-275.
- Ghali, M. (2016). Factors underlying counselor educators' perspectives on spiritual issues. In counseling in non-faith-based CACREP-accredited training programs. (Electronic Thesis or Dissertation). <https://etd.ohiolink.edu>
- Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Sociology Press.
- Glaser, B. G. (1992). *Basics of grounded theory analysis: Emergence vs forcing*. Sociology Press.
- Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*. Sociology Press.
- Glaser, B. G. (2005). *The grounded theory perspective III: Theoretical coding*. Sociology Press.
- Glaser, B. G., & Holton, J. (2004). Remodeling grounded theory. *Forum: Qualitative Social Research*, 5(2), 1-22
- Glaser, B. G., & Strauss, A. L. (1971). *Status passage: A formal theory*. Aldine Publishing Company.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine Publishing Company.
- Gojmerac-Leiner, G. (2005). Revisiting Viktor Frankl: His contributions to the Contemporary

- interest in spirituality and health care. *The Journal of Pastoral Care and Counseling*, 59(4), 375-379.
- Goulding, C. (2002). *Grounded theory: A practical guide for management, business and Market researchers*. SAGE Publications.
- Gray, D. (2004). *Doing research in the real world*. SAGE Publications.
- Green, M., & Elliot, M. (2010). Religion, health, and psychological well-being. *Journal of Religion and Health*, 49, 149-163.
- Griffin, C., & Phoenix, A. (1994). The relationship between qualitative and quantitative research: Lessons from feminist psychology. *Journal of Community and Applied Social Psychology*, 4, 287-298
- Grogan, J. (2015). Should we talk about religion in therapy? *Psychology Today*, July 21, 2015. <https://www.psychologytoday.com/intl/blog/encountering-america/201507/should-we-talk-about-religion-in-therapy>
- Guba, E. G. (1990). The alternative paradigm dialog. In E. G. Guba (Ed.), *The paradigm dialog* (pp. 17-30). SAGE Publications.
- Guba, E. G., & Lincoln, Y. S. (1990). Can there be a human science. *Person Centered Review*, 5(2), 130-154.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). SAGE Publications.
- Guetterman, T. C. (2020, March 30). (Ed.), Grounded theory analysis with MAXQDA: Step by step guide. *MAXQDA Research Blog*, 2020. <https://www.maxqda.com/wp/wp-content/uploads/sites/2/Grounded-Theory-Analysis-with-MAXQDA-V6.pdf>

- Hage, S. M. (2006). A closer look at the role of spirituality in psychological training programs. *Professional Psychology: Research and Practice, 37*, 303-310.
- Hage, S.M., Hopson, A., Siegel, M., Payton, G., & DeFanti, E. (2006). Multicultural training in spirituality: An interdisciplinary review. *Counseling and Values, 50*, 217-234.
- Il, C. E., Suarez, E. C., & Hartman, D. (2016). Developing spiritual competencies in counseling: A guide for supervisors. *Counseling and Values, 61*, 111-126.
- Hall, R. W. (1971). Alfred Adler's concept of God. *Journal of Individual Psychology, 27*(1), 10-18.
- Hammersley, M. (2019). From positivism to post-positivism: Progress or digression? *Teoria Polityki, 3*, 175-188.
- Harris, E. S. (2000). God, Buber and the practice of Gestalt therapy. *Gestalt Journal, 23*(1), 39-62.
- Harris, T. (2014). Grounded theory. *Nursing Standard, 29*(35), 37-43.
- Hathaway, D. B., de Oliveira, E. Oliveira, F., Mirhom, M., Moreira-Almeida, A., Fung, W., & Petet, J. R. (2021). Teaching spiritual and religious competencies to psychiatry residents: A scoping and systematic review. *Academic Medicine: Journal of the Association of American Medical Colleges*. Advance online publication. <https://doi.org/10.1097/ACM.00000000000004167>
- Hathaway, W. L., Scott, S.Y., & Garver, S.A. (2004). Assessing religious/spiritual functioning: A neglected domain in clinical practice? *Professional Psychology: Research & Practice, 35*, 97-104.
- Hathaway, W. L. (2008). Clinical practice with religion/spiritual issues: Niche, Proficiency or specialty. *Journal of Psychology and Theology, 36*(1), 16-25

- Hatt, H. (1965). Existential analysis and logotherapy: The contribution of Viktor E. Frankl. *Encounter*, 26(3), 330-339.
- Haug, I. E. (1998). Including a spiritual dimension in family therapy: Ethical considerations. *Contemporary Family Therapy*, 20, 181-194.
- Hawkins, I. L., & Bullock, S. L. (1995). Informed consent and religious values: A neglected area of diversity. *Psychotherapy*, 32, 293-300.
- Hefti, R. (2011). Integrating religion and spirituality into mental health care, psychiatry and psychotherapy. *Religions*, 2, 611-627. <https://doi.org/10.3390/rel2040611>
- Hefti, R., & Bussing, A. (Eds.), (2018). *Integrating religion and spirituality into clinical practice: European conference on religion, spirituality and health, 2014/216*. Multidisciplinary Digital Publishing Institute (MDPI).
- Hermans, H. J. M. (1993). Moving opposites in the self: A Heraclitan approach. *Journal of Analytical Psychology*, 38(4), 437-462. <https://doi.org/10.1111/j.1465-5922.1993.00437.x>
- Hesse-Biber, S. N. (2006). The practice of feminist in-depth interviewing. In, S. N. Hesse-Biber, & P. Leavy (Eds.), *Emergent methods in social research*. (pp. 111-148). SAGE Publications.
- Hibberd, F. J. (2005). *Unfolding social constructionism*. Springer.
- Hibbert, P. (2013). Approaching reflexivity through critical reflection: Issues for critical management education. *Journal of Management Education*, 37(6), 803-837.
- Hick, J. (1999). *The fifth dimension: An exploration of the spiritual realm*. One World.
- Hill, J. (2000). A rationale for the integration of spirituality into community psychology. *Journal of Community Psychology*, 28(2), 139-149
- Hill, P. C., Pargament, K. I., Hood, R. W., McCullough, M. E., Swyers, J. P., Larson, D. B.,

- & Zinnbauer, B. J. (2000). Conceptualizing religion and spirituality: Points of commonality, points of departure. *Journal for the Theory of Social Behavior*, 30(1), 51-77. <https://doi.org/10.1111/1468-5914.00119>
- Hinton, L. (1979). Jung's approach to therapy with mid-life patients. *Journal of the American Academy of Psychoanalysis*, 7(4), 525-541.
- Hobson, N. M., Schroeder, J., Risen, J. L., Xygalatas, D., & Inzlicht, M. (2017). The psychology of rituals: An integrative review and process-based framework. *Personality and Social Psychology Review*. Online Publication. (1-25).
<https://dx.doi.org/10.1177/1088868317734944>
- Hodge, D. R. (2005). Spiritual life maps: A client-centered pictorial instrument for Spiritual assessment, planning, and intervention. *Social Work*, 50(1), 77-87
- Hoffman, L. (1990). Constructing realities: An art of lenses. *Family Process*, 29(1), 1-12.
- Hofmann, H. (1961). Religion and psychiatry: Part 1. *Christian Century*, 78(28), 847-849.
- Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 78, 169-183.
- Hofstadter, A. (1968). The Vocation of consciousness. *Review of Existential Psychology and Psychiatry*, 9(1), 1-90.
- Holton, J. A. (2007). The coding process and its challenges. In A. Bryant, & K. Charmaz (Eds.), *The SAGE handbook of grounded theory*. (pp. 265-289). SAGE Publications.
- Holton, J. A. (2010). The coding process and its challenges. *The Grounded Theory Review*, 9(1), 20-40.
- Holstein, J. A., & Gubrium, J. F. (2003). Active interviewing. In J. F. Gubrium & J. A. Holstein

- (Eds.), *Postmodern interviewing* (pp. 67-80). SAGE Publications.
- Hood, K. (2012). Biblical Counseling Australia. Who is biblical counseling Australia? (para. 1). <https://www.biblicalcounseling.org.au/who-is-biblical-counseling-australia>
- Horrigan, P. G. (2012). Critique of Comte's law of three stages. <https://independent.academia.edu/PaulGerardHorrigan>
- Hull, C. E., Suarez, E. C., & Hartman, D. (2016). Developing spiritual competencies in counseling: A guide for supervisors. *Counseling and Values, 61*, 111-126
- Hussein, M. E., Hirst, S., & Osuji, J. (2014). Using grounded theory as a method of inquiry: Advantages and disadvantages. *The Qualitative Report, 19*(13), 1-15.
- Ige, S. A. (2006). The cult of ancestors in African traditional religion. *An encyclopedia of the arts, 10*(1), 26-31.
- Jahn, E., & Adler, A. (1979). Religion and individual psychology, In H. L. Ansbacher & R. R. Ansbacher (Eds.), *Superiority and social interest: A collection of later writings* (pp. 269-308). W.W. Norton (Original work published in 1933).
- James, W. (1929). *The varieties of religious experience*. Random House. (Originally published in 1902).
- James, R. K., & Gilliland, B. E. (2003). Jungian therapy. In Companion Website Material, accompanying, *Theories and strategies in counseling and psychotherapy* (5th ed.). Ally & Bacon. <https://doctorabedin.org/wp-content/uploads/2018/05/jungiantherapy-3pdf>
- Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of Basic and clinical Pharmacy 5*(4), 87-88
- Jenkins, R. A., & Pargament, K. I. (1995). Spirituality and religion as resources for coping with cancer. In B. Curbow & M. R. Somerfield (Eds.), *Psychosocial esource variables in*

- cancer studies: Conceptual and measurement issues* (pp. 51-74). Haworth Press.
- John Paul II, (1984). *Salvifici Doloris (On the Christian meaning of human suffering)*:
Apostolic letter of John Paul II. St. Paul Books & Media.
- John Paul II (1987). *Sollicitudo rei socialis*: Encyclical Letter of Pope John Paul II on *The social concern [of the Church]*, for the 20th anniversary of *Populorum Progressio*.
St. Paul Books & Media.
- Jorgensen, M. & Phillips, L. J. (2002). *Discourse analysis as theory and method*. SAGE Publications
- Joshanloo, M. (2014). Eastern conceptualizations of happiness: Fundamental differences with Western views. *Journal of Happiness Studies*, 15, 475-493.
doi.org/10.1007/s10902-013-9431-1
- Jung, C. G. (1937). *Psychology and religion* (The Terry Lectures Series). Yale University Press.
- Jung, C. G. (1954). Psychology of the transference. In, *The Collected Works of C. G. Jung*, vol. 16. London.
- Jung, C. G. (1959). *The archetypes and the collective unconscious*, (Hull, R.F.U. Trans.)
Bollingen Foundation, Inc.
- Jung, C. G. (1960). Structure and Dynamics of the Psyche. In, *The Collected Works of C. G. Jung*, Vol. 8. Princeton University Press.
- Jung, C. G. (1966). Individuation. In *Collected works of C. G. Jung. Vol. 7*. Open Source. Internet Archive. Retrieved 4/28/2021 from:
<https://archive.org/details/C.G.JungCollectedWorksVol7Part2Individuation/mode/2up>
- Jung, C. G. (1967). Individuation. In, *The collected works of C. G. Jung. Vol. 7*. Princeton University Press.

- Jung, C. G. (1968). *Psychology and alchemy*. In *Collected Works of C. G. Jung, Vol. 12*.
R. F. C. Hull, (Ed.) Princeton University Press. (Originally published in 1944).
- Jung, C. G. (1969). Psychology and religion: West and East. In *Collected Works of
C. G. Jung, Vol. 11*. Herbert Read, Michael Fordham, Gerhard Adler, (Eds.). Translated
by R. F. C. Hall. Published by Patheon Books for Bollingen Foundation, Inc.
- Jung, C. G. (1970). Alchemical studies. In *Collected Works of C. G. Jung, vol. 13*. Herbert
Read, Michael Fordham, Gerhard Adler, (Eds.), Princeton University Press.
- Jung, C. G. (1970b). Civilization in transition. In *Collected Works of C. G. Jung, Vol. 10*.
Princeton University Press. (Original English edition published in 1964).
- Jung, C. G. (1980). Archetypes and the Collective Unconscious. In, *The Collected Works of C.
G. Jung*. Herbert Read, Michael Fordham, Gerhard Adler (Eds.). Routledge Kegan Paul.
(Original English edition published in 1953).
- Jung, C. G. (1989). *Memories, dreams, reflections*. Aniela Jaffe (Ed.). Vintage Books.
Original English edition published in 1961.
- Jung, C. G. (2005). *The undiscovered self: The dilemma of the individual in the modern society*.
Routledge & Kegan Paul. Original English edition published in 1958.
- Jung, C. G. (2009). *The Red Book: Liber Novus*. Edited and introduced by Sonu Shamdasani.
W.W. Norton & Company.
- Jung, C. G. (2013). *Aion: Researches into the phenomenology of the Self* (2nd ed.). *The
Collected Works of C. G. Jung, vol. 9, ii*. Bollingen Series XX. Princeton. (Originally
published in 1951).
- Jung, C. G. (2014). A psychological approach to the Trinity. In, *The Collected Works of C. G.
Jung. Vol. 11*. Routledge. Original work published in 1942.

- Jung, C. G. (2014). Conscious, unconscious, and individuation. In, R. Hull (Ed.), Volume 9/1 *Collected Works of C. G. Jung*, Vol. 9 (Part 1) (pp. 275 – 289). Princeton University Press. (Original work published in 1939). <https://doi.org/10.1515/9781400850969.275>
- Jung, C. G. (2014). The structure and dynamics of the self. In, R. Hull (Ed.), *The Collected Works of C.G. Jung*, vol. 9 (Part 2), (pp. 222-265). Princeton University Press. (Originally published in 1951)
- Jung, C. G. (2015). Individuation. In G. Adler, & R. F. C. Hall, (Eds.), *The Collected Works of C. G. Jung*, vol. 7, (pp. 173-242). Princeton University Press. <https://doi.org/10.1515/9781400850891> (Originally published in German in 1935)
- Jung, C. G. (2017). *Modern man in search of a soul*. Martino Fine Books. (Originally published in 1933)
- Kaboub, F. (2008). Positivist paradigm. In, Leong, F. T. L. (Ed.), *Encyclopedia of Counseling* (vol. 2) (p. 343). SAGE Publications.
- Kamp, J., Legene, S., van Rossum, M., Rumke, S. (2018). *Writing history* (Jill Bradley & Natasha Bradley, Trans.) Amsterdam University Press.
- Kaushik, V., & Walsh, C. A. (2019). Pragmatism as a research paradigm and its implications for social work research. *Social Sciences*, 8, 255. 1-17. <https://doi.org/10.3390/socsci8090255>
- Kavar, L. F. (2015). Spirituality and the sense of self: An inductive analysis. *The Qualitative Reporter*, 20(5), 697-711. <https://www.nova.edu/ssss/QR20/5/kavar8.pdf>
- Kelle, U. (1995). Introduction: An overview of computer-aided methods in qualitative research. In Udo Kelle (Ed.) *Computer-aided qualitative data analysis: Theory, methods and practice*, (pp. 1- 17). SAGE Publications.

- Kelle, U. (2004). Computer-assisted analysis of qualitative data. (Paper prepared for the discussion paper series of the LSE Methodology Institute, University of Bremen, August 1997). <https://www.researchgate.net/publication/238088719>
- Kelle, U. (2014). Theorization from data. In U. Flick (Ed.), *Handbook of Qualitative Data Analysis*. (pp. 554-568) SAGE Publications.
- Kelly, E. W., Jr. (1995). *Spirituality and religion in counseling and psychotherapy: Diversity in theory and practice*. American Counseling Association.
- Kelly, E. W., Jr. (1997). Religion and spirituality in variously accredited Counselor Training Programs: A comment on Pate and High (1995). *Counseling and Values*, 42, 7-11.
- Kennedy, D., Hyland, A., & Ryan, N. (2009). Learning outcomes and competences. University College, Cork (UCC), 1-18.
- Kinzel, R. L. (1975). C. G. Jung's individuation process. Thesis presented to the School of Graduate Studies of the University of Ottawa.
<https://ruor.uottawa.ca/bistream/10393/21039/1/DC53272.pdf>
- Kivisto, P. (2002). *Multiculturalism in a global society*. Blackwell Publishers Ltd.
- Koenig, H. G. (2004). Religion, Spirituality, and medicine: Research findings and implications for clinical practice. *Southern Medical Journal*, 97(12), 1194-1200.
- Koenig, H. G. (2009a). *Faith and mental health: Religious resources for healing*. Templeton Foundation Press.
- Koenig, H. G. (2009b). Research on religion, spirituality, and mental health: A review. *The Canadian Journal of Psychiatry*, 54(5), 283-291.
- Koenig, H. G., & Larson, D. (2001). Religion and mental health: Evidence for an association. *International Review of Psychiatry*, 13, 67-78.

- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. Oxford University Press.
- Koenig, H. G. (2012). Religion, Spirituality, and health: The research and clinical implications. *International Scholarly Research Network Psychiatry*. Article ID 278730. 33 pages.
<https://doi.org/10.5402/2012/278730>
- Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health*. Oxford University Press.
- Koenig, T. (2020, August 9). CAQDAS - A primer. A sustainable web resources repository blog. https://www.restore.ac.uk/lboro/research/software/caqdas_primer.php
- Kohlberg, L. (1981). *Essays on moral development: Vol. 1. The philosophy of moral development*. Harper & Row.
- Kolb, S. M. (2012). Grounded theory and the constant comparative method: Valid research Strategies for educators. *Journal of Emerging Trends in Educational Research and Policy studies*, 3(1), 83-86.
- Kopp, S. B. (1972). *If you meet the Buddha on the road, kill him: The pilgrimage of Psychotherapy patients*. Bantam Books.
- Kramer, E., Kwong, K., Lee, E., & Chung, H. (2002). Cultural factors influencing the mental health of Asian Americans. *Western Journal of Medicine*, 176, 227-231.
- Krause, J., Dias, L. P., & Schedler, C. (2015). Competency-based education: A framework for measuring quality courses. *Online Journal of Distance Learning Administration* 18(1).
https://www.westga.edu/~distance/ojdl/spring181/krause_dias_schedler181.html
- Kuckartz, U., & Radiker, S. (2019). *Analyzing qualitative data with MAXQDA*. Springer Publishing Company.

- Kuhn, T. (1962). *The Structure of Scientific Revolutions*, University of Chicago Press.
- Kuisis, R. G. (2004). Ancient religious wisdom, spirituality, and psychoanalysis (Book review) *DIVISION/Review: A Quarterly Psychoanalytic Forum*, Winter 2004, pp. 71-74.
<https://www.apadivisions.org/division-39/publications/reviews/ancient>
- Labonte, R., & Robertson, A. (1996). Delivering the goods, showing our stuff: The case for a constructivist paradigm for health promotion research and practice. *Health Education Quarterly*, 23(4), 431-448.
- La Rossa, (2005). Grounded Theory Methods and qualitative family research. *Journal of Marriage and Family*, 67, 837-857.
- Lake, J., & Turner, M. S. (2017). Urgent need for improved mental health care and a more collaborative model of care. *The Permanente Journal*, 21, 17-24.
<https://doi.org/10.7812/TPP/17-024>
- Lannert, J. L. (1991). Resistance and countertransference issues with spiritual and religious clients. *Journal of Humanistic Psychology*, 31, 68-76.
- Lee, R. M., & Fielding, N. G. (1991). Computing for qualitative research: Options, problems and potentials. In Fielding, N.G. & Lee, R. M. (Eds.), *Using computers in qualitative research*. SAGE Publications, 1-13.
- Leeming, D. A., Madden, K., & Marlan, S. (Eds.). (2010). *Encyclopedia of psychology and religion*. Springer.
- Lehto, R. H., & Stein, K. F. (2009). Death anxiety: An analysis of an evolving concept. *Research and Theory for Nursing Practice: An International Journal*, 23(1), 23-41.
- Leung, M. (2019). Tragic optimism: An integrative meaning-centered approach to trauma treatment. *Counseling Psychology Quarterly*, 32(3) 1-19.

<https://doi.org/10.1080/09515070.2019.1633497>

Lewins, A., & Silver, C. (2009). Choosing a CAQDAS package. Qualitative innovations in CAQDAS working Paper, #001.

<https://www.surrey.ac.uk/sites/default/files/2009ChoosingaCAQDASPackage.pdf>

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. SAGE Publications.

Lincoln, Y. S., & Guba, E. G. (2000). Paradigmatic controversies, contradictions, and emerging Confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 163-188). SAGE Publications.

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging Confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE Handbook of qualitative research*. (4th ed.). SAGE Publications.

Lloyd, R. (2007). *The Knowledge that leads to wholeness: Gnostic myths behind Jung's Theory of individuation*. The Pearl Publishing Company.

Lock, M. & Palsson, G. (2016). *Can science resolve the nature/nurture debate?* Polity Book.

Locke, K. (2001). *Grounded theory in management research*. (1st ed.) SAGE Publications

Locke, K. (2003). *Grounded theory in management research*. SAGE Publications.

Loganbill, C., Hardy, E., & Delworth, U. (1983). Clinical supervision: A conceptual model. *The Counseling Psychologist*, 10(1), 3-42.

Longobardi, L. (2013). "Mad Men: The Relationship between Psychology and Religion in Chaim Potok's *The Chosen*," *LUX: A Journal of Transdisciplinary Writing and Research*. 2(1), Art. 18. <https://scholarship.claremont.edu/lux/vol2/iss1/18>

Lovat, T. J., & Mackenzie, C. (January 01, 2003). The role of the 'teacher': Coming of age? (Discussion paper). Bundoora Australia. Australian Council of Deans of Education.

- Lu, C. J. & Shulman, S. W. (2008). Rigor and flexibility in computer-based qualitative research: Introducing the Coding Analysis Toolkit. *International Journal of Multiple Research Approaches*, 2(1), 105-117.
- Lum, W. (2002). The use of self of the therapist. *Contemporary Family Therapy*, 24(1), 181-197.
- Lumsden, K., Bradford, J., & Goode, J. (2019). *Reflexivity: Theory, method, and practice*. Routledge
- Mace, C. (2007). Mindfulness in psychotherapy: An introduction. *Advances in Psychiatric Treatment*, 13, 147-154.
- Machi, L. A. & McEvoy, B. T. (2016). *The Literature review: Six steps to success*. (3rd ed.). Corwin.
- Magaldi-Dopman, D., & Park-Taylor, J. (2010). Sacred adolescence: Practical suggestions for psychologists working with adolescents' religious and spiritual identity. *Professional Psychology: Research & Practice*, 41, 382-390.
- Maher, A. R. (1996). Existential-humanistic psychotherapy and the religious person. In, E. P. Shafranske (Ed.), *Religion and the clinical practice of psychology*. (pp. 433-460). American Psychological Association.
- Malony, H. N. (1971). The Contribution of Gordon Allport (1897-1967) to the Psychology of Religion. *Journal of the American Scientific Affiliation*, 23, 99-104.
- Marcus, P. (2003). *Ancient religious wisdom, spirituality, and psychoanalysis*. Greenwood Publishing Group.
- Maree, K. (2008). *First steps in research*. Van Schaik.
- Markle, D. T., West, R. E., & Rich, P. J. (2011). Beyond transcription: Technology, change,

- and the refinement of method. *Forum: Qualitative Social Research*, 12(3) art. 21.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396.
- Maslow, A. H. (1950). *Self-actualizing people: A study of psychological health*. Grune & Stratton.
- Maslow, A. H. (1964b). "Religion, values and peak experience." In Kunin & Miles-Watson (Eds.), (2006). *Theories of religion*. Rutgers University Press.
- Maslow, A. H. (1968). *Toward a psychology of being*. Van Nostrand Reinhold.
- Maslow, A. H. (1969). The farther reaches of human nature. *Journal of Transpersonal Psychology*, 1, 2-10.
- Maslow, A. H. (1970). *Religions, values, and peak experiences*. Penguin Books. (Original work published in 1964)
- Maslow, A. H. (1971). *The farther reaches of human nature*. Viking Press.
- Maslow, A. H. (1981). *Motivation and personality*. Harper & Row. (Original work published in 1954)
- Maslow, A. H. (1993). *The farther reaches of human nature*. Penguin/Arkana Books. (First published in the U.S. in 1971)
- Maslow, A. H. (1996). Critique of self-actualization theory. In E. Hoffman (Ed.), *Future visions: The unpublished papers of Abraham Maslow* (pp. 24 – 32). SAGE Publications.
- Mathers, N., Fox, N., Hunn, A. (1998). Using interviews in a research project. Trent Focus Group for Research and Development in Primary Health Care. (pp 1-25).
web.simmons.edu/~tang2/courses/CUAcourses/Isc745/sp06/Interviews.pdf
- Matthew, I. (1995). *The Impact of God: Soundings from St. John of the Cross*. Hodder & Stoughton.

- MAXQDA Team (November 2018). Grounded theory analysis with MAXQDA: Step-by-step guide. Verbi Software Consult Sozialforschung GmbH.
- https://www.maxqda.com/wp/wp-content/uploads/sites/2/MAXQDA_research-examples-grounded-theory.pdf
- Maxwell, J. A. (1992). Understanding and validity in qualitative research. *Harvard Educational Review*, 62(3), 279-300.
- May, G.G. (1982). *Will and spirit: A contemplative psychology*. Harper & Row.
- May, R. (1973). *Man's search for himself*. W. W. Norton & Company, Inc.
- Mays, N., & Pope, C. (1995). Qualitative research: Observational methods in health care settings. *The British Medical Journal*, 311(6998), 182-184.
- McCready, J. S. (2010). Jamesian pragmatism: a framework for working towards unified diversity in nursing knowledge development. *Nursing Philosophy*, 11(3), 191-203.
- McCullough, M. E. (1999). Research on religion-accommodative counseling: Review and meta-analysis. *Journal of Counseling Psychology*, 46, 92-98.
- McDermid, D. (2006). Pragmatism. *The internet encyclopedia of philosophy*.
- <http://www.iep.utm.edu/pragmati/>
- McGregor, S. L. T., & Murnane, J. A. (2010). Paradigm, methodology and method: Intellectual integrity in consumer scholarship. *International Journal of Consumer Studies*, 34, 419-427.
- McKernan, M. (2005). Exploring the spiritual dimension of social work. *Critical Social Work*, 6(2). <https://ojs.uwindsor.ca/index.php/csw/article/view/5670/4633>
- McNamara, P., Burns, J. P., Johnson, P., & McCorkle, B. H. (2010). Personal religious practice, risky behavior, and implementation intentions among adolescents. *Psychology of*

- Religion and Spirituality*, 2, 30-34. <https://doi.org/10.1037/0003-066X.58.1.24>
- Melamed, L., Casado Perez, J. F., & Hunt, B. (2020). Teaching strategies for incorporating the multicultural and social justice counseling competencies. *The Journal of Counselor Preparation and Supervision*, 13(2). <http://dx.doi.org/10.7729/42.1350>
- Merriam-Webster. (n.d.). Integration. In *Merriam-Webster.com thesaurus*.
<https://www.merriam-webster.com/thesaurus/integration>
- Mertens, D. M. (2007). Transformative paradigm: Mixed methods and social justice. *Journal of Mixed Methods Research*, 1(3), 212-225.
- Mertens, D. M. (2009). *Transformative research and evaluation*. The Guilford Press.
- Mertens, D. M. (2010b). Transformative mixed methods research. *Qualitative Inquiry*, 16(6), 469-474.
- Mertens, D. M. (2010c). Philosophy in mixed methods teaching: The transformative paradigm as illustration. *International Journal of Multiple Research Approaches* 4, 9-18.
- Mertler, C. A. (2018). *Introduction to educational research*. (2nd ed.). SAGE Publications.
- Meyers, L. (2017). Making the counseling profession more diverse. *Counseling Today*, Online edition of October 25, 2017.
<https://ct.counseling.org/2017/10/making-counseling-profession-diverse>
- Mikulas, W. L. (2007). Buddhism and Western psychology: Fundamentals of integration. *Journal of Consciousness Studies*, 14(4), 4-49
- Miles, M. B., & Huberman, A. M. (1994). *An expanded source book: Qualitative data analysis*. (2nd ed.). SAGE Publications.
- Miller, G. (2003). *Incorporating spirituality in counseling and psychotherapy: Theory and technique*. John Wiley & Sons, Inc.

- Miller, G. (1999). The development of the spiritual focus in counseling and counselor education. *Journal of Counseling and Development*, 77, 498-501.
- Miller, M. M., Korinek, A., & Ivey, D. C. (2006). Integrating spirituality into training: The spiritual issues in supervision scale. *American Journal of Family Therapy* 34, 355–372.
- Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, 58(1), 24–35.
- Miller, W. R. (Ed.) (2006). *Integrating spirituality into treatment: Resources for Practitioners*. American Psychological Association. (pp. 253-263).
- Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory. *International Journal of Qualitative Methods*, 5(1), 25-35
- Miranda, P. (2019). C. G. Jung on religion. *Revista do Instituto Jungiano de Sao Paulo*, 4(8) 1- 29. <https://doi.org:10.21901/2448-3060/self-2019.vol04.0008>
- Miranti, J. G. (2021). Historical development of the Association for Spiritual, Ethical, And Religious Values in Counseling (ASERVIC). <https://aservic.org/about>
- Mitchell, D. W., & Wiseman, J. A. (Eds.). (2003). *Transforming suffering: Reflections on finding peace in troubled times by His Holiness, the Dalai Lama; His Holiness, Pope John Paul II; Thomas Keating; Thubten Chodron, Joseph Goldstein; and others*. Doubleday.
- Mohandas, E. (2008). Neurobiology of spirituality. *Mens Sana Monographs*, 6(1), 63-80. <https://doi.org/10.4103/0973-1229.33001>
- Mohr, S., Brandt, P., Borrás, L., Gillieron, C., Huguelet, P. (2006). Toward an integration of spirituality and religiousness into the psychosocial dimension of schizophrenia. *American Journal of Psychiatry*, 163(11), 1952–1959.

- Moodley, R. & West, W. (Eds.). (2005). *Integrating traditional healing practices into Counseling and Psychotherapy*. SAGE Publications, Inc.
- Morawski, J. (2014). Reflexivity. In: *Encyclopedia of Critical Psychology*. Springer. (pp. 1653-1660). <http://morawskilab.research.wesleyan.edu/files/2016/06/Reflexivity->
- Morgan, D. L. (2014). Pragmatism as a paradigm for social research. *Qualitative inquiry*, 20(8), 1045-1053.
- Morgan, D. L. (2015). From themes to hypotheses: Following up with quantitative methods. *Qualitative Health Research*, 25(6), 789-793
- Morris, Jr. H. H. (1963). Contributions of religion to total health. *Journal of Religion and Health*, 2(3), 226-234
- Morris, M. W., Leung, K., Ames, D., & Lickel, B. (1999). Views from inside and outside: Integrating emic and etic insights about culture and justice judgment. *Academy of Management Review*, 24(4), 781-796.
- Morse, J. M. (2010). Sampling in grounded theory. In A. Bryant & K. Charmaz (Eds.), *The SAGE handbook of grounded theory* (pp. 229-244). SAGE Publications.
- Mrdjenovich, A.J., Dake, J. A., Price, J. H., Jordan, T. R., & Brockmyer, J. H. (2012). Providing guidance on the health effects of religious/spiritual involvement: A national assessment of university counseling professionals. *Journal of Religion and Health*, 51(1), 198-214.
- Mullen, P. R., Robertson, L. A., & Young, M. E. (2020). Spiritual competencies in the Counseling profession. In Craig S. Cashwell, and J. Scott Young (Eds.), *Integrating Spirituality and religion into counseling: A guide to competent practice* (3rd ed.), (pp. 53-68). American Counseling Association.

- Mueller, P. S., Plevak, D. J., & Rummans, T. A. (2001). Religious involvement, spirituality and Medicine: Implications for clinical practice. *Mayo Clinic Proceedings*, 76(12), 1225-1235.
- Mukherji, P., & Albon, D. (2014). *Research methods in early childhood: An introductory Guide* (2nd ed.). SAGE Publications.
- Murray, H. (1955). American Icarus. In A Burton, & R. E. Harris (Eds.), *Clinical Studies in Personality*, (Vol. 3. pp. 615-641). Harper & Row.
- Naidoo, N. (2011). From conception to coherence: The determination of correct posture. *African Journal of Emergency Medicine*, 1, 186-190.
- Neary, M. (2002). *Curriculum studies in post-compulsory and adult education*. Nelson Thornes.
- Neuman, B. (1982). *The Neuman Systems Model*. Appleton-Lange
- Neuman, W. L. (2000). *Social research methods: Qualitative and quantitative Approaches* (4th ed.). Allyn & Bacon.
- New American Bible (1991). *The New American Bible (St. Joseph's Edition)*. Catholic Book Publishing Company. (Originally published in 1970)
- Newberg, A. B., & Lee, B. Y. (2005). The neuroscientific study of religious and spiritual Phenomena: Or why God doesn't use biostatistics. *Zygon*, 40(2), 469-489.
- Nnadozie, E. J. (2000). The Carmelite rule in dialogue with the African continent. In, *The Rule of Carmel: New Horizons*. Editrice, "Il Calamo" s.n.c.
- Nnadozie, E. J. (2019). A study of the status of the integration of ASERVIC's competencies into counselor education programs in the U.S from the perspective of their practicum syllabi. Unpublished manuscript, St. Mary's University, San Antonio, TX.
- Norcross, J. S., & Goldfried, M. R. (Eds.). (2005). *Handbook of psychotherapy integration* (2nd

ed.). Oxford University Press.

Nowell, L. (2015). Pragmatism and integrated knowledge translation: Exploring the compatibilities and tensions. *Nursing Open*, 2, 141-148.

https://www.scipedia.com/public/Nowell_2015a

Okan, N. & Eksi, H. (2017). Spirituality in Logotherapy. *Spiritual Psychology and Counseling*, 2, 143-164. <http://dx.doi.org/10.127838/spc.2017.2.0028>

O'Leary, Z.- (2017). *The essential guide to doing your research project* (3rd ed.) SAGE Publications.

Orgler, H. (1976). Alfred Adler. *International Journal of Social Psychiatry*, 22(1), 67-68.

Otto, R. (1959). *The Idea of the Holy: An inquiry into the non-rational factor in the idea of the divine and its relation to the rational*. Translated by John W. Harvey. Penguin Books. (Originally published in 1923)

Oxhandler, H. K., & Ellor, J. W. (2017). Christian social workers' views and integration of clients' religion and spirituality in practice. *Social Work & Christianity*, 44(3), 3–24.

Padgett, D. K. (2004). Coming of age: Theoretical thinking, social responsibility, and a Global Perspective in qualitative research. In D. K. Padgett (Ed.), *The qualitative research experience*. (pp.297-315). Wadsworth/Thomson Learning.

Pagis, M. (2009). Embodied self-reflexivity. *Social Psychology Quarterly*, 72, 265-283. <https://doi.org/10.1177/019027250907200308>

Paloutzian, R. F., & Park, C. L. (2014). *Handbook of the psychology of religion and spirituality*. Guilford Publications.

Pardini, D. A., Plante, T. G., Sherman, A., & Stump, J. E. (2000). Religious faith and Spirituality in substance abuse recovery: Determining the mental health benefits. *Journal*

- of Substance Abuse Treatment, 19, 347–354.*
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, and practice*. Guilford Press.
- Pargament, K. I. (2002). The bitter and the sweet: An evaluation of the costs and benefits of Religiousness. *Psychological Inquiry, 23*, 168-181.
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and Addressing the sacred*. Guilford Press.
- Pargament, K. I., Murray-Swank, N., Magyar, G., & Ano, G. (2005). Spiritual struggle: A phenomenon of interest to psychology and religion. In W. R. Miller & H. Delaney (Eds.), *Judeo—Christian perspectives on psychology: Human nature, motivation, and change* (pp. 245-268). APA Press.
- Pargament, K. I. (Editor-in-Chief), Exline, J. J., Jones, J., Mahoney, A., & Shafranske, E. P. (Assoc. Eds.). (2013). *APA handbooks in psychology: APA handbook of psychology, religion and spirituality* (Volumes 1 & 2). American Psychological Association.
- Park, C. L., Currier, J. M., Harris, J. I., & Slattery, J. M. (2017). *Trauma, meaning, and spirituality: Translating research into clinical practice*. The American Psychological Association.
- Park, Y. S., Konge, L., & Artino Jr., A. R. (2020). The positivism paradigm of research. *Academic Medicine, 95*(5), 690-694.
- Parker, S. (2009). Faith development theory as a context for supervision of spiritual and religious issues. *Counselor Education and Supervision, 49*(1), 39-53.
- Parry, S. B. (1996). The quest for competences: Competency studies can help you make HR decision, but the results are only as good as the study. *Training, 33*, 48-56.

- Pate, R. H., & Bondi, A. M. (1992). Religious beliefs and practice: An integral aspect of multicultural awareness. *Counselor Education and Supervision*, 32(2), 108–115.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). SAGE Publications, Inc.
- Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). SAGE Publications, Inc.
- Paul VI (1967). *Populorum Progressio: Encyclical Letter of Pope Paul VI. On the Development of peoples*. Office of Publishing Services, United States Catholic Conference.
- Paulus, T., Woods, M., Atkins, D., & Macklin, R. (2013). Current reporting practices of ATLAS.ti user in published research studies. *The Digital Repository of Technische Universität Berlin*, <https://core.ac.uk/download/pdf/57709604.pdf>
- Pearce, M. J., Pargament, K. I., Oxhandler, H. K., Vieten, C., & Wong, S. (2019). A novel training program for mental health providers in religious and spiritual competencies. *Spirituality in Clinical Practice*, (6)2, 73-82.
- Pesut, B., Fowler, M., Taylor, E. J., Reimer-Kirkham, S., & Sawatzky, R. (2008). Conceptualizing spirituality and religion for healthcare. *Journal of Clinical Nursing*, 17, 2803-2810.
- Petticrew, M., & Roberts, H. (2006). *Systematic reviews in the social sciences: A practical guide*. Blackwell Publishing Ltd.
- Piedmont, R. L. (1999). Does spirituality represent the sixth factor of personality? Spiritual transcendence and the Five Factor Model. *Journal of Personality*, 67(6), 985-1013.
- Pinel, P. (1806). *A treatise on insanity: In which are contained principles of a new and*

- More Practical nosology of maniacal disorders than have been offered to the public.* W. Todd. https://www.google.com/books/edition/A_Treatise_on_Insanity/4snWNO1IETAC
- Plante, T. G. (2007). Integrating spirituality and psychotherapy: Ethical issues and principles to consider. *Journal of Clinical Psychology, 63*, 891-902.
- Plante, T. G. (2014). Four steps to improve religious/spiritual cultural competence in Professional psychology. *Spirituality in Clinical Practice 1*(4), 288-292.
- Plumb, A. M. (2011). Spirituality and counseling: Are counselors prepared to integrate Religion and spirituality into therapeutic work with clients? *Canadian Journal of Counseling and Psychotherapy, 45*(1) 1-16.
- Polanski, P. J. (2003). Spirituality in supervision. *Counseling and Values, 47*(2), 131-141.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on Research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*, 126-136.
- Powell, L., Shahabi, L., & Thoresen, C. (2003). Religion and spirituality: Linkages to Physical health. *American Psychologist, 58*, 36-52.
- Prest, L. A., Russel, R., & D'Souza, H. (1999). Spirituality and religion in training, practice, and personal development. *Journal of Family Therapy, 21*, 60-77.
- Primeaux, P., & Vega, G. (2002). Operationalizing Maslow: Religion and flow as Business partners. *Journal of Business Ethics, 38*, 97-108.
- Prince, M. J., & Felder, R. M. (2006). Inductive teaching and learning methods: Definitions, comparisons, and research bases. *Journal of Engineering Education, 95*(2), 123-138.
- Propst, L. R. (1996). Cognitive-behavioral therapy and the religious person. In E. P. Shafranske

- (Ed.), *Religion and the clinical practice of psychology* (pp. 391-407). American Psychological Association.
- Proudfoot, W. (2004). "Pragmatism and 'an Unseen Order' in Varieties." In W. Proudfoot. (Ed.), *William James and a Science of Religions: Reexperiencing the varieties of experience*. Wayne Columbia University Press.
- Pruyser, P. (1977). The seamy side of current religious beliefs. *Bulletin of the Menninger Clinic*, 41, 329-348.
- Qu, S. Q., & Dumay, J. (2011). The qualitative research interview. *Qualitative Research In Accounting and Management*, 8(3), 238-264.
<http://doi.org/10.1108/11766091111162070>
- Quenk, N. L. (2000). *Essential of Myers-Briggs Type Indicator Assessment*. Wiley.
- Racker, H. (1968). *Transference and countertransference*. Hogarth Press.
- Rademaker, L. L., Grace, E. J., & Curda, S. K. (2012). Using computer-assisted qualitative data analysis software (CAQDAS) to re-examine traditionally analyzed data: Expanding our understanding of the data and of ourselves as scholars. *The Qualitative Report*, 17(22), 1-11. <https://nsuworks.nova.edu/tqr/vol17/iss22/1>
- Rahman, M. S. (2017). The advantages and disadvantages of using qualitative and Quantitative Approaches and methods in language 'Testing and Assessment' research: A literature review. *Journal of Education and Learning*, 6(1), 102-112.
- Randall, F., & Downie, R. S. (1999). *Palliative care ethics: A companion for all specialties*, (2nd ed.). Oxford University Press.
- Randolph, J. (2009). A guide to writing the dissertation literature review. *Practical Assessment, Research, and Evaluation*, 14(13). <http://pareonline.net/getvn.asp?v=14&n=13>

- Rehman, A. A., & Alharthi, K. (2016). An introduction to research paradigms. *International Journal of Educational Investigations*, 3(8), 51-59.
- Reville, W. (2016). How long will the human species survive on earth? *The Irish Times*, December 8, 2016. <https://www.irishtimes.com/news/science/how-long-will-the-human-species-survive-on-earth-1.2885564>.
- Richards, P. S., & Bergin, A. E. (Eds.). (2000). *Handbook of Psychotherapy and Religious diversity*. American Psychological Association
- Richards, P. S., & Bergin, A. E. (Eds.). (2004). *Casebook for a spiritual strategy in counseling and psychotherapy*. American Psychological Association. Center (ERIC), In: Classroom Teachers and Classroom Research; FL 024 999. <https://files.eric.ed.gov/fulltext/ED415695.pdf>
- Richards, P. S., & Bergin, A. E. (2005). *A spiritual strategy for counseling and Psychotherapy* (2nd ed.). American Psychological Association.
- Rickinson, M., & May, H. (2009). A comparative study of methodological approaches to Reviewing literature. *The Higher Education Academy* https://www.heacademy.ac.uk/sites/default/files/resources/comparativestudy_0.pdf
- Ripley, J. S., Jackson, L. D., Tatum, R. L., & Davis, E. B. (2007). A developmental model of supervisee religious and spiritual development. *Journal of Psychology and Christianity*, 26(4), 298-306.
- Roberts, K.A. & Wilson, R.W. (2002). ICT and the research process: Issues around the compatibility of technology with qualitative data analysis. *Forum: Qualitative Social Research*, 3(2) art. 23. <https://dx.doi.org/10.17169/fqs-3.2.862>
- Robertson, L. A. (2008). The spiritual competence scale: A comparison to the ASERVIC

- spiritual competences (Electronically published dissertation) University of Central Florida, Orlando, Florida.
- Robins, C. J., & Chapman, A. L. (2004). Dialectical behavior therapy: Current status, recent developments, and future directions. *Journal of Personality Disorders, 18*, 73-89.
<https://doi.org/10.1521/pedi.18.1.73.32771>
- Rocco, T. S., & Plakhotnik, M. S. (2009). Literature reviews, conceptual frameworks, and theoretical frameworks: Terms, functions and distinctions. *Human Resources Development Review, 8*(1), 120-130.
- Rodik, P., & Primorac, J. (2015). To use or not to use: Computer-assisted qualitative data analysis software usage among early-career sociologists in Croatia.
Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 16(1) art. 12.
<https://www.qualitative-research.net/index.php/fqs/article/view/2221/3759>
- Rodríguez-Pose, A. & von Berlepsch, V. (2018). Does population diversity matter for economic development in the very long-term? Historic migration, diversity, and county wealth in the US. *European Journal of Population, ISSN 0168-6577*.
<https://doi.org/10.1007/s10680-018-9507-z>
- Rollins, J. (2009, July 15). Crossing the great divide. *Counseling Today Online*
<https://ct.counseling.org/2009/07>
- Rosmarin, D., Pirutinsky, S., Pargament, K. (2011). A brief measure of core religious beliefs for use in psychiatric settings. *International Journal of Psychiatric Medicine, 41*(3): 253–61.
- Ross, D. K., Suprina, J. S., & Brack, G. (2013). The spirituality in supervision model (SACRED) An emerging model from a Meta-synthesis of the literature. The Practitioner Scholar: *Journal of Counseling and Professional Psychology, 2*, 68-83.

- Ross, L. (1995). The Spiritual dimension: Its importance to patients' health, well-being and quality of life and its implications for nursing practice. *International Journal of Nursing Studies*, 32(5), 457-468.
- Rosselli, M., & Vanni, D. (2014). Roberto Assagioli and Carl Gustav Jung. *The Journal of Transpersonal Psychology*, 46(1), 7-34
- Russell, S. R., & Yarhouse, M. A. (2006). Training in religion/spirituality within APA-Accredited psychology predoctoral internships. *Professional Psychology: Research and Practice*, 37(4), 430-436.
- Ryan, A. B. (2006). Post-positivist approaches to research. In M. Antonese, H. Fallon, A. B. Ryan, A. Ryan & T. Walsh, with L. Borys (Eds.), *Researching and writing your thesis: A guide for postgraduate students* (pp. 12-26). MACE: Maynooth Adult and Community Education.
- Ryan-Bloore, J. (2013). Bruised reeds and smoldering wicks: Spiritual direction on the edge. Presentation to Association of Christian Spiritual Directors' Training Event, Christchurch, August 2013.
- Ryle, G. (1971). *Collected papers. Volume II collected essays, 1929-1968*. Hutchinson.
- Sahakian, W. S. (Ed.), (1969). *Psychotherapy and counseling: Studies in technique*. Rand McNally & Company.
- Saldana, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). SAGE Publications.
- Salmons, J. (2015). *Qualitative online interviews*. (2nd ed.). SAGE Publications.
- Sbaraini, A., Carter, S. M., Evans, R. W., & Blinkhorn, A. (2011). How to do a grounded theory study: a worked example of a study of dental practices. *Medical Research*

- Methodology*, 11(128), 1-10. <https://doi.org/10.1186/1471-2288-11-128>
- Scallon, G. (2004). The assessment of competency and importance of judgment. *Pédagogie collégiale*, 18(1) 1-7. https://cdc.qc.ca/ped_coll/en/Scallon-Vol_18-1A.pdf
- Schatzman, L., & Strauss, A. (1973). *Field research*. Prentice-Hall.
- Schmidt, M. (2005). Individuation: Finding oneself in analysis, taking risks and making Sacrifices. *Journal of Analytical Psychology*, 50(5), 595-616.
<https://doi.org/10.1111/j.0021-8774.2005.00560.x>
- Schoeneman, T. J. (1977). The role of mental illness in the European witch hunts of the Sixteenth and seventeenth centuries: An assessment. *Journal of the History of the Behavioral Sciences*, 13, 337-351.
- Schulte, D. L., Skinner, T. A. & Claiborn, C. D. (2002). Religious and spiritual issues in counseling psychology training. *The Counseling Psychologist*, 30(1), 118-134.
- Schwandt, T. A. (1998). Constructivist, interpretivist approaches to human inquiry. In Norman K. Denzin, Yvonna S. Lincoln, (Eds.), *The landscape of qualitative research*. (Chapter 7: pp. 221- 259). SAGE Publications.
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 189-213). Sage.
- Seale, C. (2000). *The quality of qualitative research*. SAGE Publications.
- Second Vatican Council, *Gaudium et Spes*. (1965, December 7) Official translation from:
https://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651207_gaudium-et-spes_en/html
- Seeman, T. E., Dubin, L. F., & Seeman, M. (2003). Religiosity/spirituality and health:

- A critical review of the evidence for biological pathways. *American Psychologist*, 58, 53-63.
- Seligman, M. (1991). *Learned optimism: How to change your mind and your life*. Knopf.
- Sergi, V. & Hallin, A. (2011). Thick performances, not just thick descriptions: the Processual nature of doing qualitative research. *Qualitative Research in Organizations and management: An International Journal*, 6(2), 191-208.
- Sexton, T. L., Whiston, S. C., Bleuer, J. C., & Waltz, G. R. (1997). *Integrating outcome research into counseling practice and training*. American Counseling Association
- Shafran, R., Clark, D. M., Fairburn, C. G., Arntz, A., Barlow, D. H., Ehlers, A. Wilson, G. T. (2009). Mind the gap: Improving the dissemination of CBT. *Behavior, Research and Therapy*, 47, 902-909.
- Shafranske, E. P. (1996). *Religion and the clinical practice of psychology*. American Psychological Association.
- Shafranske, E. P., & Malony, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 27(1), 72-78.
- Shafranske, E. P., & Gorsuch, R. L. (1984). Factors associated with the perception of Spirituality in psychotherapy. *Journal of Transpersonal Psychology*, 16, 231-241.
- Shaw, B. M., Bayne, H., Lorelle, S. (2012). A constructivist perspective for integrating Spirituality into counselor training. *Counselor Education & Supervision*, 51(4), 270-280.
- Shaw, S. (2020). Learning from highly effective counselors. *Counseling Today*, 62(9) 46-51. American Counseling Association,
- Sherwood, D. A. (1999). Integrating Christian faith and social work: Reflections of a social

- work educator. *Social Work and Christianity*, 26(1), 1-8.
- Siang-Yang, T., & Scalise, E. T. (2016). *Lay counseling: Equipping Christians for a helping ministry*. Zondervan Publications.
- Sias, S. M., & Lambie, G. W. (2008). An integrative social-cognitive development model of Supervision for substance abuse counselors-in-training. *Journal of Teaching in the Addictions*, 7, 57-74.
- Singh, K. (1991). Towards holistic health. *India International Center Quarterly*, 18(2/3), 1-4
- Slife, B. D., O'Grady, K. A., & Kosits, R. D. (Eds.). (2017). *The hidden worldviews of psychology's theory, research, and practice*. Routledge
- Smart, K. L., Witt, C., & Scott, J. (2012). Toward learner-centered teaching: An Inductive approach. *Business Communication Quarterly*, 75(4), 392-403.
- Smith, T. B., Bartz, J., & Richards, P. S. (2007). Outcomes of religious and spiritual Adaptations to psychotherapy: a meta-analytic review. *Psychotherapy Research* 17(6): 643-655.
- Smith, T. B., Crook-Lyon, R. C., & O'Grady, K. (2019). Integration or separation? Addressing religious and spiritual Issues in multicultural counseling: A national survey of college counselors. All Faculty Publications. 3153. <https://scholarsarchive.byu.edu/facpub/3153>
- Snelgrove, R. (2017). Advancing paradigmatic consistency and distinction in leisure studies: From epistemology to method. *Annals of Leisure Research*, 20(2), 131-136.
- Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, 104, 333-339.
- Sollars, F. R. (2014). The core Self in psychoanalytic literature and its benign and ideal Dimensions. *International Journal of Behavioral Research and Psychology*, 2(4), 40-46.

- Sonne, J. L. (1999). Multiple relationships: Does the new ethics code answer the right questions? In D. N. Bersoff (Ed.), *Ethical conflicts in psychology* (2nd ed. pp. 227-230).
- Souza, K. Z. (2002). Spirituality in Counseling: What Do Counseling Students Think About It? *Counseling and Values*, 46(3), 213-217.
- Spencer, L. M., & Spencer, S. M. (1993). *Competence at work: Models for superior performance*. (1st ed.) Wiley.
- Sperry, L., & Shafranske, E. P., (Eds.). (2005). *Spiritually oriented psychotherapies*. American Psychological Association.
- Spretnak, C. (1999). *The resurgence of the real: Body, nature and place- in a hypermodern world*. Routledge: Taylor & Francis Group.
- Sremac, S. (2010). Converting into a new reality: Social constructionism, practical theology and conversion. *Nova Pristmost*, 8(1), 7-27.
- St. Augustine of Hippo (398/1997). *The Confessions*. (Rex Warner, transl.). Mentor Books.
- St. Augustine of Hippo (428/1999). *The Retractations* (Sr. M. Inez Bogan, RSM, transl.) The Catholic University of America Press.
- Stein, H. (1996). Striving from a felt minus to an imagined Plus. Classical Adlerian Psychotherapy Forum. Archive.
<https://www.behavior.net/forums/adlerian/1996/msg74.html>
- Stein, H., & Edwards, M. (1998). Alfred Adler: Classical theory and practice. In Paul Marcus & Alan Rosenberg (Eds.), *Psychoanalytic versions of the human condition: Philosophies of life and their impact on practice* (pp. 64-93). New York University Press.
- Steinfeld, G. J. (2000). Spiritual psychology and psychotherapy: Is there theoretical and empirical support? *Journal of Contemporary Psychotherapy*, 30(4) 353-380.

- Stevens, A. (2005). Preface to The Undiscovered Self. In, C. J. Jung, (2005). *The undiscovered self: The dilemma of the individual in the modern society*. Routledge & Kegan Paul.
(Original English edition published in 1958)
- Stewart-Sicking, J. A., Deal, P. J. & Fox, J. (2017). The Ways Paradigm: A Transtheoretical Model for Integrating Spirituality into Counseling. *Journal of Counseling and Development*, 95(2), 234-241. <https://doi.org/10.1002/jcad.12135>
- St. John, W. & Johnson, P. (2000). The pros and cons of data analysis software for Qualitative research. *Journal of Nursing Scholarship*, 32, 393-397.
<https://doi.org/10.1111/j.1547-5069.2000.00393.x>
- Stoltenberg, C. D., & Delworth, U. (1987). *Supervising counselors and therapists: A Developmental approach*. Jossey-Bass.
- Stoof, A., Martens, R. L., Van Merriënboer, J. J. G., Bastiaens, T. J. (2002). The boundary approach of competence: A constructivist aid for understanding and using the concept of competence. *Human Resource Development Review*, 1(3) 345-365.
- Strauss, A. (1987). *Qualitative analysis for social scientists*. Cambridge University Press.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory Procedures and techniques*. SAGE Publications.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). SAGE Publications.
- St. Therese of the Child Jesus (1996). *Story of a soul: The autobiography of St. Therese of Lisieux*. ICS Publications. (Originally published in 1898).
- Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Smith, E. J., & Nuttall, E. V. (1982) Position paper: Cross-cultural counseling competencies. *Counseling Psychologist*, 10,

45-52.

Sue, D. W., & Sue, D. (2016). *Counseling the culturally diverse: Theory and practice*. Wiley.

Sulliman, J. (1973). The development of a scale for the measurement of social interest.

Dissertation Abstracts International, 34(6).

Sushma, I. C., & Tavaragi, M. (2016). Moral treatment: Philippe Pinel. *The International Journal of Indian Psychology*, 3(2), 165-170.

Suter II & Cormier (2012). Pragmatism: A practical philosophy for environmental scientists.

Integrated Environmental Assessment and Management, 9(2), 181-184.

<https://doi.org/10.1002/ieam.1382>

Suzuki, D. T. (1964). *An introduction to Zen Buddhism*. Grove/Atlantic, Inc. (Originally published in 1934).

Sweeney, T. J. (2009). *Adlerian counseling and psychotherapy: A practitioner's Approach* (5th ed.). Taylor & Francis.

Taubes, T. (1998). "Healthy avenues of the mind": psychological theory building and the influence of religion during the era of moral treatment." *American Journal of Psychiatry*, 155(8), 1001-1008.

Taylor, N. M. (2002). *Use of religious beliefs in coping with breast cancer*. Workshop presented at the Association for Women in Psychology Conference, British Columbia, Canada.

Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015).

Choosing a qualitative research approach. *Journal of Graduate medical Education*, 7(4), 669-670.

Thetford, W., & Walsh, R. (1985). Theories of personality and psychopathology: Schools

- derived from psychology and philosophy. In H. Kaplan- and B. Sadock (Eds.), *Psychiatry* (4th ed., Vol. 1. pp. 458-481). Williams & Wilkins.
- Thornberg, R. (2012). Informed grounded theory. *Scandinavian Journal of Educational Research*, 56(3), 243-259. <http://dx.doi.org/10.1080/00313831.2011.581686>
- Thornberg, R. & Charmaz, K. (2012). Grounded theory. In S. Lapan, M. Quartaroli, and F. Riemer (Eds.), *Qualitative research: An introduction to methods and designs*. (pp. 41-67). Jossey-Bass.
- Thornberg, R. & Charmaz, K. (2014). Grounded theory and theoretical coding. In U. Flick (Ed.) *The SAGE Handbook of qualitative data analysis* (pp. 153-169). SAGE Publications.
- Thomson, S. B. (2011). Sample size and grounded theory. *Journal of Administration and Governance*, 5(1), 45-52.
- Tie, Y.C., Birks, M., & Francis, K. (2019). Grounded theory research: A design Framework for novice researchers. *SAGE Open Medicine*, 7, 1-8.
<https://doi.org/10.1177/2050312118822927>
- Tomassini, M., & Zanazzi, S. (2014). Reflexivity and self-development of competencies as key drivers in individuals' learning and career paths: Cases from Italy. *Research in Comparative and International Education*, 9(3), 301-311.
- Tomas-Sabado, J., & Limonero, J. T. (2006). Religiousness and death anxiety. In Sylvan D. Ambrose (dir.), *Religion and Psychology: New Research* (pp. 105-120). Nova Science Publishers.
- Toneatto, T., & Nguyen, L. (2007). Does mindfulness meditation improve anxiety and mood symptoms? A review of the controlled research. *The Canadian Journal of Psychiatry La Revue Canadienne de psychiatrie*, 52, 260-266.

- Torraco, R. J. (2005). Writing integrative literature reviews: Guidelines and examples. *Human Resource Development Review*, 4(3), 356-367.
<https://doi.org/10.1177/1534484305278283>
- Torrey, E. F. (1986). *Witch doctors and psychiatrists: The common roots of psychotherapy and its future*. Harper & Row
- Trautmann, R. L. (2003). Psychotherapy and spirituality. *Transactional Analysis Journal*, 33(1), 32-36.
- U. S. Census Bureau Public Information Office (2011). 2010 Census Shows America's Diversity. U. S. Department of Commerce.
- Van den Hoonaard, W. C. (1997). *Working with sensitizing concepts: Analytical field research*. SAGE Publications.
- Van der Walt, J. (2015). Understanding the nature of structures in education: Recent Developments. *Bulgarian Comparative Education Society*. Paper presented at the Annual International Conference of the Bulgarian Comparative Education Society (13th Sofia, Bulgaria, June 10-13, 2015).
- Van Maanen, J. (1979). Reclaiming qualitative methods for organizational research: A preface. *Administrative Science Quarterly*, 24(4), 520-526.
- Vernon, M. (2011). Carl Jung, Part 8: Religion and the search for meaning. *The Guardian*, U.S. Edition, <https://www.theguardian.com/commentisfree/belief/2011/jul/18/how-to-believe-jung-religion>
- Vieten, C., Scammell, S., Pilato, R., Ammondson, I., Pargament, K. I., & Lukoff, D. (2013). Spiritual and religious competencies for psychologists. *Psychology of Religion and Spirituality*, 5(3), 129–144.

- Vogel, M. J. (2012). Examining religion and spirituality as diversity training: A multidimensional study of training in the American Psychological Association. Doctor of Psychology (PsyD). Paper 85. <http://digitalcommons.georgefox.edu/psyd/85>
- Walborn, F. (2014). *Religion in personality theory*. Elsevier.
- Walker, D. F., Gorsuch, R. L., & Tan, S. (2004). Therapists' integration of religion and spirituality in counseling: A meta-analysis. *Counseling and Values, 49*, 69-80.
- Walle, A. H. (1997). Quantitative versus qualitative tourism research. *Annals of Tourism Research, 24*(3), 524-536.
- Watson, J. B. (1913). Psychology as the behaviorist views it. *Psychological Review, 20*, 158-177.
- Watters, W. W. (1987). Christianity and mental health. *Humanist in Canada 47*, 5-11.
- Watters W. W. (1992). *Deadly Doctrines: Health, Illness, and Christian God-talk*. Prometheus Books.
- Watts, R. E. (2015). *Critical incidents in integrating spirituality into counseling*. American Counseling Association.
- Watts, R. E. (2000). Biblically based Christian spirituality and Adlerian psychotherapy. *Journal of Individual Psychology, 56*(3), 316-328.
- Watts, R. E., & Carlson, J. (Eds.). (2013). *Intervention and strategies in counseling and psychotherapy*. Taylor and Francis.
- Weinstock, M., Kienhues, D., Feucht, F. C., & Ryan, M. (2017). Informed reflexivity: Enacting epistemic virtue. *Educational Psychologist, 52*(4), 284-298.
- Weitzman, E. A. (1999). Analyzing qualitative data with computer software. *Health Services and Research, 34*(5), 1241-1263.

- Weber, M. (1949). *The methodology of the social sciences*. Free Press.
- Welwood, J. (2000). *Toward a psychology of awakening*. Shambhala.
- Wentzel, A. (2017). *A guide to argumentative research writing and thinking: Overcoming challenges*. Routledge Publications.
- West, W. (2011). *Exploring therapy, spirituality, and healing*. Macmillan.
- West, W. (2004). Humanistic integrative spiritual psychotherapy. In P. S. Richards (Ed.), *Casebook for a spiritual strategy in counseling and psychotherapy*. (pp. 201-230) American Psychological Association.
- Whetten, D. (1989). What constitutes a theoretical contribution? *The Academy of Management Review*, 14(4), 490-495. <https://doi.org/10.2307/258554>
- Whitley, R. (2012). Religious competence as cultural competence. *Transcultural Psychiatry*, 49(2), 245-260.
- Wiggins, M. I., & Gutierrez, D. (2020). Culture and worldview. In, Craig S. Cashwell, & J. Scott Young (Eds.), *Integrating Spirituality and religion into counseling: A guide to competent practice* (3rd ed.), (pp. 69-93). American Counseling Association.
- Williams, C. (2007). Research methods. *Journal of Business and Economic Research*, 5(3), 65-71.
- Willis, B. (1998). *The Adinkra dictionary: A visual primer on the language of Adinkra*. Pyramid Complex.
- Wong, (2009). The depth positive psychology of Carl Jung. In S. Lopez (Ed.), *Encyclopedia of positive psychology* (Vol. 1, pp. 545-546). Wiley Blackwell.
- Wolf, C. & Puig, A. (2015). Integrating religion and spirituality into counselor education: Barriers and strategies. *Counselor Education and Supervision*, 54, 44-56.

- Woolf, N. H., & Silver, C. (2018). *Qualitative analysis using MAXQDA: The five level QDA Method*. Routledge.
- Worthington, E. L., Jr., Kurusu, T. A., McCollough, M. E., & Sandage, S. J. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A ten-year review and research prospectus. *Psychological Bulletin*, 119, 448-487.
- Wuest, J. (2000). Negotiating with helping systems: An example of grounded theory evolving through emergent fit. *Qualitative Health Research*, 10(1), 51-70.
- Yalom I. D. (2010). *Staring at the Sun: Overcoming the Terror of Death*. John Wiley & Sons.
- Young, J. S., Cashwell, C. S., Wiggins-Frame, M., & Belaire, C. (2002). Spiritual and Religious competencies: A national survey of CACREP-accredited programs. *Counseling and Values*, 47, 22-33.
- Young, J. S., Wiggins-Frame, M., & Cashwell, C. S. (2007). Spirituality and Counselor Competence: A National Survey of American Counseling Association Members. *Journal of Counseling & Development*, 85(1), 47-52.
- Young, M. E., & Ryan, A. (2020). Post-positivism in health professions education Scholarship. *Academic Medicine*, 95, 695-699. <https://doi.org/10.1097/ACM.0000000000003089>
- Zapata, A. L. (2010). A qualitative study examining discussions of multicultural perspectives in clinical supervision. (Doctoral Dissertation, Arizona State University).
- Zilboorg, G., & Henry, G. W. (1941). *A history of medical psychology*. Norton.

Appendix A

Consent to Participate in a Research Study

Title: A Constructivist Grounded Theory of Spiritual Competencies Development in Counseling Supervision

Researcher: Emmanuel Javert NNADOZIE, St. Mary's University, San Antonio, Texas.

Researcher's Contact Information: Email: ennadozie@stmarytx.edu Phone: 830-549-7677

The following information describes the research study in which you are being asked to participate. Please read the information carefully. At the end, you will be asked to sign if you agree to participate.

The Nature of the Study: This is an exploratory study in the domain of religious and spiritual integration in counseling clinical supervision. The qualitative research design and approach fits the aim and purpose of this study which is exploratory in character. Thus, this research study adopts the constructivist grounded theory as its guiding methodology and will employ its methods in the systematic collection of data, in its analysis and in the description of its final product. You have been recommended to take part in this research because of your rich experience in counseling, supervision, and spirituality.

Purpose of the Study: The purpose of this study is to explore how the development of religious and spiritual competencies takes place in clinical supervision. It is a project that fulfills part of the requirements for a doctoral degree in counselor education. Ultimately, the research also hopes to contribute to the co-construction of a theory of religious and spiritual integration that is grounded in the experience and expertise of participants regarding the integration of religion and spirituality into counseling or therapy, and counseling supervision or training.

How long will the Research last? The research study is expected to last for six months; from September 2021 to March 2022. Within this period participants would be expected to be involved in research interviews twice – one at the beginning of the project, and another towards the end of the research project. Each session of interview would last for two hours since the research method depends on in-depth and rich data to do a proper analysis.

The Procedure: If you agree to participate in the study, the researcher will ask you to provide the demographic information attached to this consent form. You will be expected to grant the researcher e-interviews on the topic of this research at a time to be mutually agreed on (with the option of having face to face in person interviews). The interviews will be electronically recorded, audio-visually (or only audio recorded, as you prefer) and with paper records, and a transcript will be produced. A copy of the transcript will be sent to you, and you will be given the opportunity to correct any factual errors. The transcripts of the interviews will be analyzed by Emmanuel J. Nnadozie as research investigator.

Confidentiality: Your answers will be confidential. Access to the interview transcripts and other interview records will be limited to Emmanuel J. Nnadozie, the Dissertation Committee members, the members of the University's Institutional Board (IRB), and the leadership of the Department of Counseling and Human Services with whom he might collaborate as part of the research process. You will be identified through a code, which will be assigned to your interviews. The interviews and the informed consent will be secured in the researcher's office, in a locked cabinet. The actual recordings of the interviews will be disposed of, after the research project has been completed.

Publication: Any summary interview content, or direct quotations from the interview, that are made available through academic publication or other academic outlets will be anonymized so

that you cannot be identified, and care will be taken to ensure that other information in the interview that could identify yourself is not revealed, unless you give your permission to the researcher to use your name in communicating the results of this study in conferences, and in published format.

Risks & Discomforts: The researcher does not anticipate that you will experience any personal risk or discomfort from taking part in this study.

Benefits: The study is expected to benefit society by contributing to the knowledge of how religious and spiritual competencies can be properly developed in clinical supervision. It could lead to the use of competent psychological interventions which are most effective and adapted to the characteristics of persons, including their values, religiosity and spirituality.

Alternative: Your alternative is not to participate in the study.

Costs: There are no costs associated with your participation in this study, except for your time and convenience.

Compensation: There will not be any monetary compensation for participation in this study. Your participation in this study will be voluntarily done free of charge.

Right to decline or withdraw: Your participation in this study is voluntary. You are free to refuse to participate in the study or withdraw your consent at any time during the study. Your withdrawal or lack of participation will not affect you negatively.

Termination: A participant may be asked to discontinue for any grave reason that puts them at risk with continued participation in the research; or for any unethical conduct in the process of the research.

Approximate number of participants: 8 – 12 participants.

Contact Information: Emmanuel J. Nnadozie (830-549-7677) will gladly answer any questions you may have concerning the purpose, procedures, and outcome of this project. If you have questions about your rights as a research participant you may contact Human Subjects Research Office at the St. Mary's University, San Antonio, Texas, at (number). You may also contact the IRB.

Participant's Agreement: I have read the information in this consent form and agree to participate in this study. I have had the chance to ask any questions I have about this study, and they have been answered for me. I am entitled to a copy of this form after it has been read and signed. Based on this information, I voluntarily agree to take part in this study

_____ Signature of Participant

_____ Emmanuel J. Nnadozie's signature

Date _____

Appendix B

Information regarding Training in Supervision & R/S Competencies

Please indicate your present academic qualifications:

PhD ____ PsyD ____ Ed. D ____ Other(s) _____

In which area of psychology did you earn your degree? Clinical Psychology ____ Counseling Psychology _____

Counselor Education & Counseling _____

Are you a licensed psychologist? Yes ____ No _____

Are you a licensed counselor? Yes ____ No _____

How many years have been licensed? _____

In which state(s) have you been licensed? _____

How many years have been providing supervision? _____

What level of supervision did you provide? post-doctoral level ____ doctoral internship ____ doctoral practicum

____ master's level internship _____

Master's level practicum _____ Other(s) Please specify _____

Did the supervision include religious and spiritual competencies? Yes ____ No _____

Was spirituality and religion subsumed under multicultural competencies? Yes ____ No _____

Were religious & spiritual competencies part of the objectives of supervision? Yes ____ No _____

Were the following considered in supervision work with supervisees?

(a) Religious & spiritual issues included as possibilities in the assessment of clients? Yes ____ No _____

(b) Religious & spiritual issues discussed as part of case conceptualizations? Yes ____ No _____

(c) Religious & spiritual issues considered in discussions on treatment planning? Yes ____ No _____

(d) Religious & spiritual practices considered in discussion about interventions? Yes ____ No _____

(e) The spiritual development of supervisee seen as part of the overall R/S competencies? Yes ____ No _____

(f) Were any texts on religious & spiritual competencies used in supervisory program? Yes ____ No _____

(g) Did any religious or spiritual activities form part of R/S competencies training? Yes ____ No _____

(h) Were ASERVIC's R/S competencies part of the overall evaluation of supervisees? Yes ____ No _____

How many courses or continuing education workshops on clinical supervision have you attended?

How many courses or continuing education workshops on R/S competencies have you attended?

What is your style of integrating spiritual and religious competencies in supervision?

What theoretical approach do you prefer to use with your supervisees?

Appendix C

In-depth Interview Guide & Protocol

Introduction

Opening Questions:

- 1). Let's start by having you describe your work as a counselor (and supervisor) and your style of supervision.
- 2). What has been your experience in integrating religious and spiritual concerns in your work?

Questions about the relevance of religious & spiritual competencies

- 3). How relevant are religious and spiritual competencies today in therapy and counseling supervision?
- 4). You said X, can you elaborate on what you mean?

Questions about supervisees' experiences with R/S competencies

- 5). What religious or spiritual issues do supervisees bring (or avoid bringing) to supervision?
- 6). How do they handle (or fail to handle) these issues?
- 7). How would R/S concerns be conceptualized, assessed, considered in treatment planning and integrated into counseling interventions?

Questions about the development of religious & spiritual competencies

- 8). From your experience in counseling and supervision what would you consider as the best way to develop religious and spiritual competencies in supervisees?
- 9). What are the processes of this development in counselor education supervision?
- 10). How best would ASERVIC's R/S Competencies be introduced into counseling supervision?
- 11). What would you consider the best way to evaluate religious and spiritual competencies in supervisees?

Questions about "The Ways Paradigm" in the development of R/S competencies

- 12). How could the "Ways Paradigm" of Sharon Cheston aid the development of R/S competencies?
- 13). What would you recommend for the training of future counselors in R/S competencies?
- 14). Is there anything else you would like to add about the integration of R/S competencies in supervision?

Appendix D

ASERVIC's Spiritual and Religious Competencies

Below are the spiritual and religious competencies ASERVIC (2009) of this study.

Culture and Worldview

1. The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism.
2. The professional counselor recognizes that the client's beliefs (or absence of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning.

Counselor Self-Awareness

3. The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.
4. The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.
5. The professional counselor can identify the limits of his or her understanding of the client's spiritual and/or religious perspective and is acquainted with religious and spiritual resources, including leaders, who can be avenues for consultation and to whom the counselor can refer.

Human and Spiritual Development

6. The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development.

Communication

7. The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.
8. The professional counselor uses spiritual and/or religious concepts that are consistent with the client's spiritual and/or religious perspectives and that are acceptable to the client.
9. The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant.

Assessment

10. During the intake and assessment processes, the professional counselor strives to understand a client's spiritual and/or religious perspective by gathering information from the client and/or other sources.

Diagnosis and Treatment

11. When making a diagnosis, the professional counselor recognizes that the client's spiritual and/or religious perspectives can a) enhance well-being; b) contribute to client problems; and/or c) exacerbate symptoms.
12. The professional counselor sets goals with the client that are consistent with the client's spiritual and/or religious perspectives.
13. The professional counselor is able to a) modify therapeutic techniques to include a client's spiritual and/or religious perspectives, and b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client's viewpoint.
14. The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client's spiritual and/or religious perspectives and practices.

APPENDIX E

IRB Approval

ST. MARY'S UNIVERSITY



November 19, 2021

Emmanuel Javert Nnadozie
Dept. of Counseling
St. Mary's University

DELIVERED BY EMAIL TRANSMISSION

Dear Rev. Nnadozie:

The IRB has approved the study, **Nnadozie (Comstock, faculty sponsor), A Constructivist Grounded Theory of Spiritual Competences Development in Counseling Supervision**. If research participants have any questions about their rights as a research subject or concerns about this research study please contact the Chair, Institutional Review Board, St. Mary's University at 210-436-3736 or email at IRBCommitteeChair@stmarytx.edu.

Dan Ratliff, Ph.D.
IRB Chair
St. Mary's University

The proposal is determined to meet criteria for exemption under 45 CFR 46.104(d)(2), the use of survey procedures, interviews, and observation of public behavior not considered private by participants with de-identified, minimal risk data.

Exempt research can proceed with an abbreviated consent process in which the subjects are informed of the purpose and duration of the survey, and with no signature necessary for informed consent. The approval stamp must be visible in the information about the study provided to potential subjects.

Exempt research does not require IRB review or renewal for five years (2022). However, IRB requests a closure report when the data collection is completed, or, if active data collection continues, a summary report of the sample size at the May IRB meeting of each academic year.

ST. MARY'S UNIVERSITY



You may collect data from human subjects according to the approved research protocol. The approval stamp must appear on any Information Form or Informed Consent Form approved by the IRB (jpeg file attached).

If, at any time, you make changes to the research protocols that affect human participants, you must file a "Changes to Approved IRB Protocol and/or Unanticipated Problems" form. Changes must be reviewed and approved by IRB before proceeding with data collection.

Good work on an interesting approach to counselor education and supervision. I look forward to seeing your results.

A handwritten signature in black ink that reads "Dan Ratliff".

Dan Ratliff, Ph.D.
IRB Chair

CC: Dana Comstock, PhD, Faculty Sponsor
Priscilla Reyna-Vasquez, PhD, IRB Area Representative
Attachment: IRB Approval Stamp jpeg file

ProQuest Number: 29207320

INFORMATION TO ALL USERS

The quality and completeness of this reproduction is dependent on the quality and completeness of the copy made available to ProQuest.



Distributed by ProQuest LLC (2022).

Copyright of the Dissertation is held by the Author unless otherwise noted.

This work may be used in accordance with the terms of the Creative Commons license or other rights statement, as indicated in the copyright statement or in the metadata associated with this work. Unless otherwise specified in the copyright statement or the metadata, all rights are reserved by the copyright holder.

This work is protected against unauthorized copying under Title 17, United States Code and other applicable copyright laws.

Microform Edition where available © ProQuest LLC. No reproduction or digitization of the Microform Edition is authorized without permission of ProQuest LLC.

ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346 USA