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Being Religious or Spiritual on Therapeutic Training Courses in the UK: A Nationwide Survey

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ABSTRACT

Background: There is limited research in the UK exploring how counsellors/psychotherapists who identify as religious/spiritual experience undergoing therapeutic training. Existing research is primarily based on small-scale qualitative studies.

Aims: This paper outlines findings from an online survey that collected data on how trainee and newly qualified counsellors/psychotherapists, who identified as religious/spiritual, experienced training as a therapist within the UK.

Method: The survey gathered information on 118 participants' motivations for training as therapists; their experience of applying for training; any conflicts or synergies experienced between their religious/spiritual worldviews and therapeutic theory and practice; and their experiences of speaking with peers, tutors, supervisors and therapists about their religion/spirituality. Data was analysed using descriptive statistics and content thematic analysis.

Results: Most participants reported that their religion/spirituality impacted their choice to train as a counsellor/psychotherapist, and almost half their choice of modality. Participants spoke infrequently about their religion/spirituality during the application process and on their training course. If they spoke about their religion/spirituality this was mainly with peers and personal therapists rather than tutors and supervisors. Most participants did not experience conflict between their religious/spiritual beliefs and their training, but 25% did report some form of conflict, and 40% that their religion or spirituality had changed as a result of their training.

Conclusions: This survey utilised a non-randomised sample and the findings cannot be generalised to a larger trainee population. Most participants identified as White/White British and heterosexual and were, or had been, training on an integrative or person-centred training course.

1 | Article

This paper outlines findings from a survey research project that collected data on how trainee and newly qualified counsellors and psychotherapists, who identified as religious or spiritual, experienced studying to train as a therapist within the United Kingdom.

The aim of this research study was to trace the trainee's journey from their initial motivations to become a therapist and their experience of the application and interview process, through to their lived experience of being a religious or spiritual person on a therapeutic training programme. To collect this data, the survey was divided into three parts: part one explored the participants' motivations for training as a therapist,

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Summary

- The reluctance of trainees to talk about their religion and spirituality on therapeutic training programmes, and their perception that it might be irrelevant, has implications for their ability to reflect upon how their religious or spiritual beliefs may come to impact positively or negatively on their clinical work. It is therefore important that training environments foster inclusive spaces for trainees to explore these important aspects of self to increase their self-awareness and reduce any potential harm to clients.
- Given how infrequently trainees in this study spoke with their clinical supervisors about their religion or spirituality, supervision guidelines for clinical supervisors and supervisory training programmes should include recognising the religious or spiritual backgrounds of trainees as areas for exploration in clinical supervision.
- In taking diversity and inclusivity seriously on counselling training programmes and in clinical supervision, supervisors and trainers need to consider the potential pitfalls and struggles trainees who identify as religious or spiritual may face in their clinical training and practice.

their chosen modality and the experience of applying for training; part two collected data on any potential conflicts or synergies between their religious or spiritual worldviews and therapeutic theory and practice, as well as considering how comfortable participants were in talking about religion or spirituality with peers, tutors, therapists and clinical supervisors; and finally, part three gathered data on how much training participants had received on religion and spirituality, their knowledge base and therapeutic skills in this area, and how competent they felt to work with clients presenting with religious or spiritual issues. This paper will outline and discuss the survey findings from part one and part two. Part three of the survey findings has previously been published in this journal (see Hunt 2024).

1.1 | Motivations for Training

It is widely recognised in the psychology of religion literature that therapists, psychologists and psychiatrists tend to be less religious or spiritual than their clients (Bergin and Jensen 1990; Delaney et al. 2007). As a result, a religiosity gap emerges between therapist and client, which can hinder clients being able to fully explore spiritual/religious issues in therapy that might be a source of support or anguish for them (Dein 2018). Despite this religiosity gap, for those therapists who are religious or spiritual, several research studies have shown that counsellors/psychotherapists' religious or spiritual worldviews and values significantly influence their practice with clients (Bilgrave and Deluty 2002; Van Asselt and Senstock 2009; Hofmann and Walach 2011; Magaldi-Dopman et al. 2011; Blair 2015; Peteet et al. 2016; Duggal and Sriram 2022; Heřmanková et al. 2024). Additionally, research also indicates that an individual's

religious or spiritual worldview is not only a motivating factor for deciding to train as a therapist (Bilgrave and Deluty 1998, 2002; Hunt 2018) but also impacts their choice of therapeutic orientation (Bilgrave and Deluty 2002; Blair 2015).

A recent qualitative study conducted by Abbey and Gubi (2022) on the impact of therapeutic training on person-centred counsellors' faith found all six participants perceived their faith to have been a significant factor in them choosing to train as a therapist, with four of the six participants reporting their faith led them directly to choosing to train as a person-centred therapist. Bilgrave and Deluty's (1998, 2002) research with 233 clinical and counselling psychologists in the United States found that those practising within a humanistic orientation were more likely to be identified with Eastern and mystical beliefs and political liberal ideologies, while cognitive behavioural therapy (CBT) practitioners were associated with more conservative ideologies and Christianity. In contrast, psychodynamic practitioners were negatively associated with Eastern and mystical beliefs and closely aligned to political liberalism. However, research in this field is still evolving, and there is limited understanding of the breadth of therapists' religious and spiritual traditions beyond Christianity, and how these may impact their motivations to pursue training and within a specific therapeutic tradition. It must be noted that research conducted in the United States may not be generalisable to the UK context, given the significant cultural and religious differences between the two countries and especially given the United States is less secularised than the United Kingdom.

1.2 | Talking About Religion and Spirituality

In the United Kingdom, there appears to be very little input around religion and spirituality on therapeutic training courses (Abbey and Gubi 2022; Christodoulidi 2011; Hunt 2018, 2024; Martinez and Baker 2000; Swinton 2016; Woodhouse and Hogan 2019). In the light of Freud's legacy and the rise of secularisation in the United Kingdom, it has been suggested that counselling and psychotherapy training programmes are underpinned by an anti-religious sentiment (West 2011). As a result, many trainees leave counselling programmes feeling ill-equipped to work with clients presenting with religious or spiritual issues (Hunt 2018) and express a desire for more training in this area.

Given the lack of formal training on religion and spirituality on therapeutic training programmes, it is not surprising that counsellors/psychotherapists speak very little about their religion or spirituality during training (Hofmann and Walach 2011; Swinton 2014; West 2011). Studies have also highlighted that many counsellors and psychotherapists find it difficult to share openly their religious/spiritual beliefs, values and identities on training programmes, fearing potential judgement, misunderstanding or ridicule from peers, tutors, or others (Blair 2015; Hunt 2018; Abbey and Gubi 2022; Swinton 2016).

Research has provided conflicting findings around how open trainees are with their supervisors about their religion or spirituality. Some studies indicate that trainees find it easier to speak with their supervisors or therapists, rather than their tutors or

peers (Hunt 2018). However, other studies indicate that trainees are not exploring religious/spiritual issues in supervision even if relevant to their clinical work, due to a lack of trust in the supervisor's empathetic response (Woodhouse and Hogan 2019). Other research has suggested more positive experiences of talking to supervisors (Hunt 2018), but only when they have sought out supervisors of the same faith position (Gubi 2001; Abbey and Gubi 2022).

In recent years, there has been a growing interest in how therapists integrate their religion or spirituality into therapeutic practice. However, there has been little research that traces the impact of therapeutic training on a trainee's religion, faith or spirituality (Abbey and Gubi 2022) and the potential areas of discord or overlap the trainee may experience between religious or spiritual ideologies and psychotherapeutic ones. Some small-scale qualitative studies conducted in the United Kingdom draw attention to this aspect of the trainee's personal development but have found differing outcomes: some research points to counsellors/psychotherapists finding little tension between their religions and spirituality and therapeutic training model, despite what might, on the surface, be apparent ontological or epistemological conflicts (Blair 2015; Hunt 2018), while other studies point to the theoretical tensions trainees experience between their religious beliefs and the philosophical position that underpins their therapeutic training modality (Abbey and Gubi 2022). For example, Abbey and Gubi (2022) suggest some tensions for the trainee lie in the differing understandings of the nature of sin, evil and autonomy found in person-centred therapeutic theory and a Christian theological worldview. Nevertheless, despite the conflicting philosophical views between spiritual/religious philosophies and therapeutic theory, the research literature suggests that while training can sometimes challenge a trainee's religious or spiritual beliefs and values, it can also enrich and strengthen them.

It is important to note that much of the research conducted into the experiences of trainees who identify as religious or spiritual within the United Kingdom draws upon small-scale qualitative studies which include many of the studies cited above. This survey is the first in the United Kingdom to collect data from a larger cohort of trainees and therefore offers a broader perspective on the motivations behind their desire to train as a counsellor, how easy or difficult they find it to talk about their religion or spirituality with peers, tutors, clinical supervisors and therapists, and how they navigate any potential conflicts between their religious or spiritual beliefs and values and the therapeutic philosophy that underpins their training.

1.3 | Terminology

The terms counsellor, psychotherapist and therapist will be used interchangeably throughout this paper. The new SCoPED framework (The Scope of Practice and Education Framework, 2022), which outlines the core competencies and required training standards for counsellors and psychotherapy training in the United Kingdom, distinguishes between these two titles based on specific competencies covered in the practitioner's training

as well as the length of their training. Therefore, the title psychotherapist is usually adopted by practitioners who have undertaken 4–5 years of therapeutic training rather than the two to three that are usually required for counsellor training in the United Kingdom.

There has been much debate around the operationalisation of the terms religion and spirituality for use in psychological research (King and Koenig 2009; King et al. 2013; Cook 2020; Hunt 2020). Religion is understood in the literature to refer to understanding the sacred or transcendence via a set of beliefs, experiences, practices and traditions which can be communal and institutional in nature (Kao et al. 2020). Defining spirituality is more complex since individuals can self-define as religious and spiritual and follow a spiritual path within their religious traditions or seek a spiritual quest outside of religious institutions with or without holding a belief in a higher power. However, spirituality outside of a religious or communal practice has been perceived as an individual quest for meaning, connections with the universe, altered states of consciousness or desire for the sacred (West 2011; Ross 2016; Cook 2020; Hunt 2020). Given the complex nature of these terms, and the potential for overlapping meanings, participants who took part in this study were asked to identify as either religious, religious and spiritual, or spiritual, to more accurately capture their identities, experiences and perspectives.

2 | Methodology

2.1 | Research Aims

As stated above, the aim of this research study was to explore how the trainee, who identifies as religious or spiritual, experiences undertaking therapeutic training from their initial motivations to train as a therapist, to their experience of being able to speak about their religion or spirituality on their course, to reporting on any training they had received around religion and spirituality. This survey builds upon previous research conducted by this author into how trainees who identified as religious experienced undertaking therapeutic training in the United Kingdom (see Hunt 2018).

2.2 | Research Question

The research question that underpinned this study was, how do trainee counsellors and newly qualified therapists who identify as religious or spiritual experience undertaking therapeutic training in the United Kingdom?

2.3 | Survey Design

This online survey consisted of 53 questions and was divided into three sections. In addition to collecting demographic information about participants' religious/spiritual identities, associations and practices, the survey asked participants to comment on their motivations for choosing to train as a counsellor and their choice of training modality; their experience of applying for and being interviewed for their therapeutic

training programme; any conflicts or synergies they experienced between religion or spirituality and their therapeutic training modality; how comfortable they felt talking about their religion or spirituality to tutors, peers, clinical supervisors and therapists; any training they had received on religion and spirituality during their training; and how confident they felt to work with clients presenting with religious or spiritual issues. The findings being presented in this paper focus on the first two parts of the survey responses. The specific open or closed survey questions asked in each section are outlined in the Findings section.

2.4 | Inclusion Criteria

To take part in this study, participants were asked to identify as either religious, religious and spiritual, or spiritual. All participants were either on a British Association for Counselling and Psychotherapy (BACP), United Kingdom Council for Psychotherapy (UKCP) or British Psychoanalytic Council (BPC) training course, or a course endorsed by one of these professional bodies, or had recently graduated from such a course within the last 5 year. Participants were recruited via research adverts posted on professional body websites; emails to course leaders of training programmes across the United Kingdom; or via social networking sites. The survey therefore utilised a purposeful non-randomised sample.

2.5 | Data Analysis

The numerical data collected in this survey was analysed using descriptive statistics with the use of tables and charts to illustrate frequency and percentages. Participant responses to the open-ended qualitative parts of the survey were analysed using content thematic analysis (Hsieh and Shannon 2005). In response to the open qualitative questions in parts one and two of the survey, the data were first coded and themed, and then the frequency of the themes were noted in the participants' responses.

2.6 | Researcher's Positionality

I am a therapist and counsellor/psychotherapy trainer, with a liberal inclusive religious identity and history. My motivations for conducting this research stem from wanting to give a voice to trainees who identify as religious or spiritual, and to hear their experiences of training and identify their needs. I also wanted to engage in this research to promote more inclusive therapeutic training environments and provide better service provision for clients presenting with religious or spiritual issues in therapy.

3 | Findings

3.1 | Sample Demographics

The findings from this study are based on 118 completed survey responses from an initial eligible 137 respondents. The majority

of participants self-identified as female/cis-female/woman (70%, $n=83$) or male/cis-male/man (16%, $n=19$), White British (49%, $n=58$) or White Other (24%, $n=28$) and heterosexual/straight (64%, $n=75$) and were aged between 35 and 64 years old (73%, $n=86$).

In terms of religious or spiritual affiliations, participants self-identified as Christian (63%, $n=74$) or Buddhist (20%, $n=24$), with 18% ($n=21$) identifying with one or more religious or spiritual traditions. Most participants identified as religious and spiritual (56%, $n=66$) or spiritual (37%, $n=44$), with fewer participants identifying as religious only (7%, $n=8$). Eighty one per cent ($n=96$) of participants reported religion/spirituality to be extremely or very important in their life, with 87% ($n=103$) taking part in weekly religious or spiritual practices and 49% ($n=58$) reporting attendance at weekly religious or spiritual events or activities (Figures 1–4).

3.2 | Training Status

Fifty-three per cent of participants ($n=63$) were trained counsellors or psychotherapists, and 47% ($n=55$) were counsellors

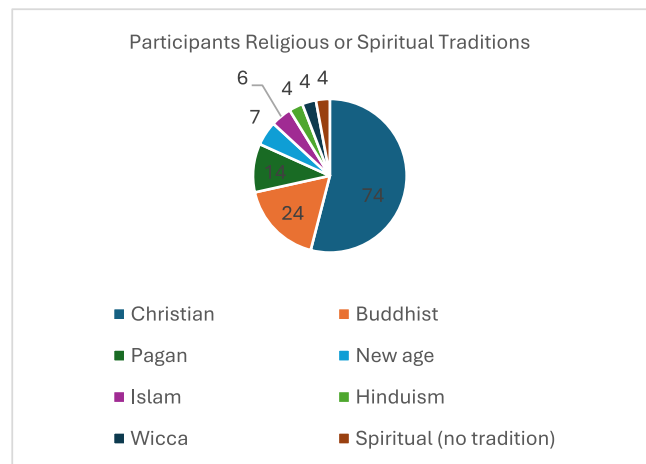


FIGURE 1 | Participants' religious or spiritual traditions.

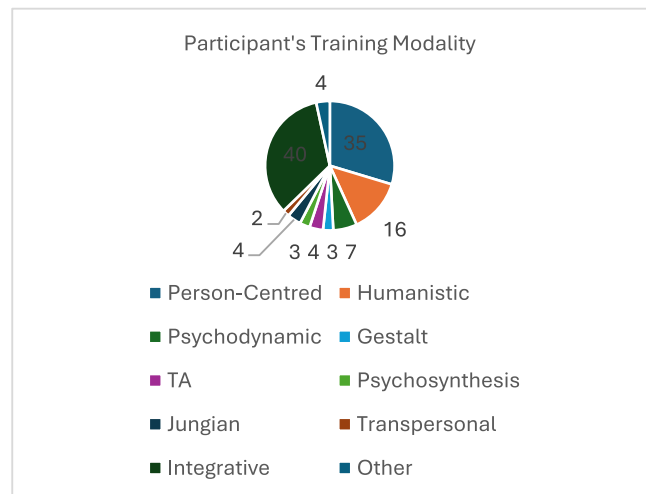


FIGURE 2 | Participants' training modality.

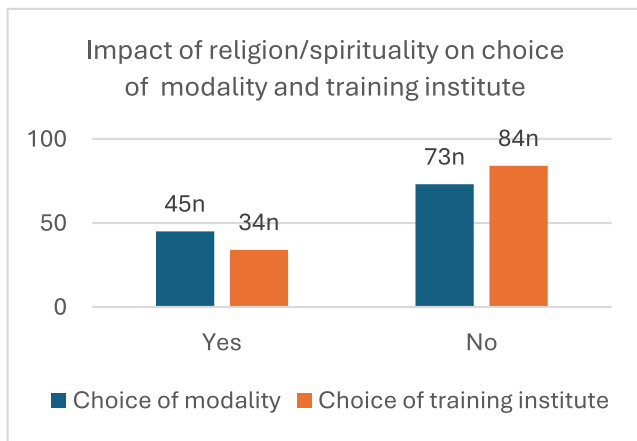


FIGURE 3 | Impact of religion/spirituality on choice of modality and training institute.

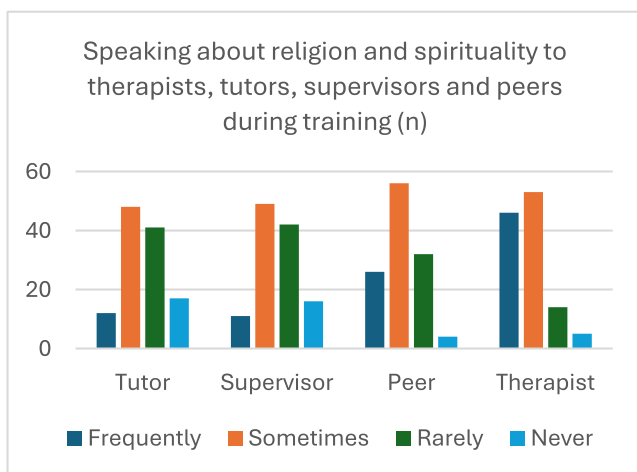


FIGURE 4 | Speaking about religion and spirituality to therapists, tutors, supervisors and peers during training.

or psychotherapists who had qualified in the last 5 years. All participants were or had been training on a BACP accredited or endorsed (72%, $n = 86$), UKCP (25%, $n = 29$) or BPC (3%, $n = 3$) training programme.

Most participants who took part in this survey were currently on (or had completed) an Integrated (33%, $n = 40$), Person-Centred (30%, $n = 35$), Humanistic (14%, $n = 16$) or Psychodynamic (6%, $n = 7$) programme. The majority of participants were training on (or had been training on) a 2-year (15%, $n = 18$), 3-year (29%, $n = 34$), 4-year (20%, $n = 24$) or 5-year (11%, $n = 13$) part-time professional therapeutic training programme. In all, just over half of the participants (54%, $n = 64$) were on (or had been on) a postgraduate training programme and 46% ($n = 54$) an undergraduate degree or diploma level training.

3.3 | Choosing to Train as a Counsellor

In all, 41% ($n = 48$) of participants reported their religion or spirituality to be extremely or very important in influencing their decision to train as a counsellor or therapist, with 24% ($n = 28$) reporting it to be moderately important. A smaller

percentage of participants, 36% ($n = 42$), considered their religion or spirituality to be slightly (19%, $n = 22$) or not at all important (17%, $n = 20$) when choosing to become a counsellor or psychotherapist.

In terms of participants' choice of modality, 45 (38%) participants perceived their religion or spirituality to have influenced their choice of modality, but fewer (29%; $n = 34$) reported that it affected their choice of training institute.

The participants who responded affirmatively to their religion or spirituality influencing their choice of modality (38%, $n = 45$) or training institute (29%, $n = 34$) were directed to an open question on the survey that asked them to comment on how their religion or spirituality had impacted their choices in these areas.

In all, 44 of the 45 (98%) eligible participants responded to this open survey question relating to their modality and 32 of the 34 (94%) participants for their choice of training institute. Participants reported choosing modalities that they felt aligned with their beliefs, values or spiritual perspectives ($n = 26$, 59%) or that they perceived to have an inherent openness to spirituality ($n = 13$, 30%). Some participants ($n = 5$, 11%) referred to applying for an integrative modality since they believed an integrative approach would be more flexible and allow them to integrate religion or spirituality into their way of working.

Similarly, regarding their choice of training contexts, participants chose courses that they perceived to be aligned with their specific religious/spiritual beliefs, values or perspectives ($n = 12$, 37%) or had a specific focus on spirituality during the training ($n = 12$, 37%). For other participants, it was important to know that their religion or spirituality would be accepted ($n = 5$, 17%) or that there were staff on the course with a faith or spirituality ($n = 3$, 9%).

3.4 | Application Process

In all, 57 (48%) participants disclosed their religion or spirituality on their application form, with 23 (20%) choosing not to disclose and 38 (32%) being unsure if they had disclosed or not. A lower number of participants ($n = 44$, 37%) disclosed their religion/spirituality during the interview process, with 44 not disclosing and 30 (25%) participants being unsure about whether they had disclosed or not. In two open questions on the survey, all participants were asked to comment on why they had chosen to disclose or not disclose their religion or spirituality on their application form or during the interview process. In all, 73 (62%) participants responded to the open question relating to the application form and 83 (70%) to the interview process.

With regard to disclosing their religion or spirituality on their course application form, of the 73 participants who answered this question, most participants (37%, $n = 27$) reported their religion or spirituality being so relevant to who they are or reflecting their work or life experiences that it was important to disclose this information on their form. Other participants disclosed as they were applying for faith-based counselling courses (11%, $n = 8$), were responding to EDI demographic questions (8%, $n = 6$) or they saw no reasons to hide their religion or spirituality

(8%, $n = 6$). Reasons provided for not disclosing were participants perceiving religion or spirituality not being relevant or necessary to disclose (12%, $n = 9$) or that they were not asked about religion or spirituality on their form (16%, $n = 12$). A smaller number of participants referred to a fear of being discriminated against if they disclosed their religion or spirituality (6%, $n = 5$).

Regarding the interview process, the 83 (70%) participants who responded to this question echoed similar themes that had been recorded in response to the disclosure of their religion or spirituality during the application process. Participants chose to disclose due to their religion or spirituality being so relevant to their identity, values, life choices and experiences (34%, $n = 28$) or due to applying for courses with a specific religious or spiritual focus (4%, $n = 3$). Other reasons participants gave for disclosing their religion or spirituality were: wanting to be transparent about who they were (2%, $n = 2$); assessing if their religion/spirituality would be accepted on the course (2%, $n = 2$); or because the interviewer asked about religion/spirituality (11%, $n = 9$). In similar ways, they chose not to disclose because of not being directly asked about this area of their life in the interview process (34%, $n = 28$), perceiving it not to be relevant (12%, $n = 10$), or due to discrimination and fear of not being accepted onto the course (2%, $n = 2$). Two participants reported that choice around disclosure was not an option due to wearing a hijab (2%, $n = 2$).

3.5 | Talking About Faith and Spirituality

The findings from this part of the survey indicate that participants talked more frequently about their religion and spirituality with their peers (22%, $n = 26$) and their therapists (39%,

$n = 46$) than with their supervisors (9%, $n = 11$) or tutors (10%, $n = 12$). In fact, just under half of the participants in this study rarely or never spoke with their supervisor (49%, $n = 58$) or tutor (49%, $n = 58$) about their religion or spirituality.

All participants who indicated that they rarely or never spoke to their peers, tutors, supervisors, or therapists about their religion or spirituality were asked why this might be the case, with reference to a set number of potential responses (please note participants could select more than one response in this section of the survey). Table 1 indicates the available response options and the participants' responses. The main reasons for not speaking about their religion or spirituality with various stakeholders on the course appears to be similar across the four groups. These five main reasons were: it didn't seem relevant; fear of eliciting negative judgement about their religion or spirituality; fear of being misunderstood; fear of being perceived to hold particular views around gender/sexuality or politics; and fear of eliciting negative judgments about religious or spiritual people.

All participants were asked to comment on what had helped them to speak about their religion or spirituality with their peers, tutors, supervisors or therapists. More participants responded to this open survey question relating to their peers (69%, $n = 81$) or therapist (81%, $n = 96$) than their tutor (48%, $n = 57$) or supervisor (50%, $n = 59$). Participants' responses are outlined below.

3.6 | Talking With Peers

When speaking with peers, beyond being on a course that was underpinned by a spiritual philosophy (15%, $n = 12$) or

TABLE 1 | Participants' reasons for not speaking with peers, tutors, supervisors or therapists about their religion/spirituality.

Answer choice	Peers	Tutors	Supervisors	Therapists
It didn't seem relevant	17	37	39	12
Fear of eliciting judgement about my religion or spirituality	17	23	13	2
Fear of being misunderstood	14	21	14	1
Fear of being perceived to hold particular opinions around sexuality/gender/politics	13	16	10	2
Fear of being perceived to be imposing your beliefs on clients	11	15	9	0
Fear of eliciting negative judgement about religious/spiritual people	11	12	10	1
Fear of being considered naive	7	10	6	3
Fear of rejection	6	10	6	0
Fear of being considered psychologically weak	5	8	6	0
Fear of being considered an incompetent practitioner	0	7	6	0
Fear of being perceived as a religious fundamentalist	3	6	6	0
Fear of failing the course	1	4	3	0
It is a private matter and not relevant to counselling/psychotherapy training	1	1	0	0
Total participant respondents	36	58	58	19
Total number of responses	106	170	128	21

being happy to speak about their religion or spirituality due to it being central to who they are (15%, $n = 12$), the main factors that helped them were: experiencing peers being open towards, interested in and accepting of their religion or spirituality (31%, $n = 25$); finding that there were other trainees or tutors on the course who also had a faith or spirituality (26%, $n = 21$); and tutors speaking openly about their spirituality during the training (5%, $n = 4$). As participant 108 described:

Trusting that I was in a safe space without fear of judgment from others. Feeling accepted and validated. Knowing that there were other students in my cohort who were open about their faith and spirituality. Having tutors who were prepared to talk openly about their experience of spirituality.

(Participant 108)

For other participants (19%, $n = 15$), course tasks, such as seminars, research projects, focus groups, or discussions, opened up space for them to talk about their religion or spirituality with their peers.

3.7 | Talking With Supervisors

Of the 59 (50%) participants who spoke about their religion/spirituality with their supervisors, 34% ($n = 20$) reported that they felt able to do so because their supervisor had disclosed that they themselves were a person of faith or spirituality. For participant 48, this shared faith allowed for a depth of connection and understanding with her supervisor:

My supervisor was also from the same faith. So we were able to understand each other as although we were of different ethnic background religion plays a part in everyday lives that we could connect with. My supervisor was the only person that I felt truly comfortable with to share my thoughts and feelings with having that shared connection.

(Participant 48)

Participants also reported speaking with their supervisor about their religion/spirituality when it was relevant to their client work (31%, $n = 18$) or when they felt they had established an open, trusting and non-judgmental relationship with their supervisor (12%, $n = 7$). Once again, for some participants, having a faith or spirituality was so central to who they are (31%, $n = 18$) that it was not possible not to speak about it in their clinical supervision.

3.8 | Talking With Tutors

Regarding participants talking with their tutors about their religion and spirituality, three main factors emerged in the data. The first of these factors was the presence of course tasks in which religion or spirituality was directly addressed and firmly placed on the curriculum (32%, $n = 18$). The second was

the presence of a tutor (or tutors) with a faith or spirituality who were willing to be open about this during the training (18%, $n = 10$). As participant 107 described, her ability to speak about her own spirituality was supported by her tutor's openness to talk about their own spirituality: I felt better able to share when tutors talked of their own spirituality.

The third factor was tutors facilitating an open, accepting and non-judgemental (32%, $n = 18$) environment in which it felt safe to be open about their faith or spirituality.

3.9 | Talking With Therapists

For many participants (81%, $n = 96$) in this study, talking to therapists about their religion or spirituality was important as it was integral to who they were as a person and how they viewed themselves, their relationships with others and the world around them (36%, $n = 35$). As participant 60 explained:

How could I engage with any therapist without talking about something so central to my being and way of being?

(Participant 60)

Other factors that helped them to talk to their therapists about religion and spirituality were: knowledge that the therapist was a person of faith or spirituality (23%, $n = 22$); the therapist providing an open, non-judgemental, and accepting space (21%, $n = 20$); and the therapist's openness (4%, $n = 4$) and curiosity or willingness to raise the issue of faith or spirituality in therapy with them (5%, $n = 5$).

3.10 | Impact of Training on Participants' Religion or Spirituality

In the final section of the survey, participants were asked two closed and two open questions about the impact of therapeutic training on their religious faith or spirituality. The first two questions focused on whether they had experienced any conflicts between their therapeutic training and religious faith or beliefs, and the second two questions on whether their religion or spirituality had changed as a result of their therapeutic training. Eighty-six (75%) participants reported that they had not experienced any conflict between their therapeutic training and their religious or spiritual beliefs, values, or practices, with 28 (25%) participants indicating that they had experienced conflict. Forty-five (40%) participants reported that their religion or spirituality had changed because of their therapeutic training, with 68 (60%) participants reporting no change.

For the 28 (25%) participants who had experienced some form of conflict between their religion or spirituality and therapeutic training, the main struggle was managing competing ideologies around the nature of existence, the nature of human beings and their development ($n = 15$). The participants below articulated some of these theoretical struggles in their response to this open question.

Theoretical theories of consciousness and the mind in Buddhist doctrine vs. existential philosophy, Buddhist ethics.

(Participant 12)

The concept of sin/nature in humans versus Rogers' belief that humans are inherently good.

(Participant 13)

Other areas of conflict were related to diversity ($n = 5$) and struggles around gender or sexuality, or more broadly what participants perceived to be ethical practice ($n = 2$).

For the 45 (40%) participants who had experienced a change in their religion or spirituality, there was a strong sense for many ($n = 15$) that their therapeutic training had affirmed or deepened their faith or spirituality or enhanced their therapeutic practices ($n = 6$). As participant 90 outline:

In general, I found learning about and practising the person-centred approach life-affirming and affirming of my own faith as I understand it and live it out.

(Participant 90)

Other participants ($n = 12$) talked about developing a broader belief system that allowed them to be less rigid or dogmatic and embrace a broader perspective on religion or spirituality and be more open to differences in others ($n = 3$):

I used to hold a more fundamental and idealistic view of the Christian faith that viewed ourselves as having the answers and other people as being lost... However, now, my spirituality is much more inclusive and I hold a universalist worldview.

(Participant 25)

I have developed an acceptance and non-judgemental approach towards other fellow Muslims and towards people with no faith. I have developed an insight around how faith impacts our organismic self.

(Participant 25)

For some ($n = 2$), this led to them having a less punitive view of God or their faith:

I have been able to let go of my childhood mindsets of a punishing God to a more open understanding that we are all a spark of the divine and the context of the divine is Love.

(Participant 56)

3.11 | Limitations

The survey utilised a purposeful non-randomised sample and therefore the findings from this study cannot be generalised to a wider population of trainees. The majority of participants who took part in this study identified as Christian, White/White

British and heterosexual. Most participants also identified as religious and spiritual or spiritual, with fewer participants identifying as religious only. A wider cohort of trainees may therefore have produced different results.

4 | Discussion

The participants in this study reported that their religious or spiritual backgrounds significantly influenced their motivation to train as a counsellor or psychotherapist, and also (to a lesser extent) impacted their choice of training modality. These findings align with earlier research studies which suggest that a therapist's religious or spiritual background is a key consideration in their decision to train as a counsellor or psychotherapist and in their choice of therapeutic training (Bilgrave and Deluty 1998, 2002).

Given these findings, it is notable that many participants did not disclose their religion or spirituality either on their application form or in the interview process. Moreover, they also talked infrequently to their peers, tutors and supervisors about their religion or spirituality, confirming previous research findings (Swinton 2016; Hunt 2018; Abbey and Gubi 2022). Overall, these findings tell a story about participants being hesitant to share and talk about their religion and spirituality throughout their training journey, with the exception of being willing to confide in their personal therapist.

Previous research has indicated that trainees do not share their religion or spirituality within therapeutic training due to a fear of judgement or misunderstanding (Blair 2015; Hunt 2018; Abbey and Gubi 2022; Swinton 2016). In this study, participants reported three main factors that impacted their non-disclosure: the fear of eliciting judgement; the fear of being misunderstood; and their perception that religion or spirituality did not seem relevant.

This perception that religion or spirituality is irrelevant to training environments is concerning and problematic for therapeutic training courses. We know from previous research that therapists' religious or political views can influence their therapeutic work (Bilgrave and Deluty 2002; Van Asselt and Senstock 2009; Hofmann and Walach 2011; Magaldi-Dopman et al. 2011; Blair 2015; Peteet et al. 2016; Duggal and Sriram 2022; Heřmánková et al. 2024); and also that therapists can pathologise clients who present with a different religious or spiritual worldview to their own (O'Connor & Vandenberg, 2005, cited in Post and Wade 2009). One of the key aims of therapeutic training is to draw attention to how practitioners' worldviews and values, whether religious or spiritual or not, may positively or negatively affect their work with clients. In the United Kingdom, specific codes of ethics and professional standards draw attention to the importance of this professional requirement (see SCoPED, BACP). Recent research on religious or spiritual competences also acknowledges the importance of counsellors and psychotherapists becoming aware of their religious and spiritual worldviews to safeguard clients from undue influence and potential harm should these views go unexplored (Vieten and Lukoff 2022). Given these professional requirements, and the research that indicates practitioners' religious or spiritual views can negatively or positively impact their clinical work, it would seem important as a result for therapeutic

training spaces to support trainees in examining their religious and spiritual views, and also not to be fearful of exploring these with peers, tutors and supervisors.

Participants in this study reported rarely discussing their religion or spirituality with their clinical supervisor unless the supervisor themselves identified as a religious or spiritual person, or they were explicitly working with a client presenting with religious or spiritual issues, in keeping with earlier research findings (Woodhouse and Hogan 2019). Clinical supervision is a mandatory requirement for all counsellors and psychotherapists in training. Its purpose is to offer the practitioner an opportunity to reflect upon their clinical practice, develop resourcefulness and support them in the development of their skills and efficacy of their practice, as well as to ensure they are working safely and ethically with clients. It is recognised in the profession that supervision provides a container for trainees to reflect upon their feelings of uncertainty and discomfort in their clinical work, as well as to examine their own potential biases, assumptions and life experiences, and how these come to support or impinge on their work with clients (BACP 2018). It is therefore concerning that participants in this study reported not openly talking with supervisors about their religion or spirituality.

These findings point to the barriers trainees experienced in talking to their peers, tutors, supervisors and therapists about their religion and spirituality, but also to what helped them. It was clear that knowing their peers, tutors, supervisors or therapists were religious or spiritual was significant in aiding disclosure, and this points perhaps to the importance of tutors, supervisors and therapists making this information clear with their clients and supervisees. In the training environment, having structured course opportunities to speak about religion and spirituality was beneficial, as was a generally non-judgemental environment in which trainees can explore their religion or spirituality. For course leads, supervisors and therapists, the challenge is how to provide such a training environment, while also offering sufficient challenge to reflect in depth on religious and spiritual views.

In terms of the impact of training on participants' religion or spirituality, most participants reported not experiencing a conflict between their therapeutic training and their religious or spiritual views. These findings align with Blair (2015) and Hunt's (2018) research. However, when tensions did emerge for these participants, they were related to competing ideologies and philosophical positions, as identified in Abbey and Gubi's (2022) research. What is new in these findings is the extent to which some participants reported their understanding of faith or religion had changed because of undertaking therapeutic training.

5 | Conclusion

Under the Equality Act, religion and belief are legally protected characteristics (UK Government 2010). In recent years, training bodies and standards have stressed the importance of fostering inclusive environments on training courses. Despite the process of secularisation within the United Kingdom, there are still many trainees, as well as clients, who identify as religious or spiritual. As part of a commitment to fostering a diverse and

inclusive training environment, it is therefore important for all those involved in counselling training and supervision to ensure that they provide spaces in which those who are undertaking counselling training can reflect more deeply upon their religious or spiritual views and how these interact with their therapeutic theories and practices.

Ethics Statement

Metanoia Institute granted ethical approval for this study. Before taking part in the survey, participants were given information about the aims of this study, a privacy notice informing them about how their data would be protected, and information about distress protocols should they need support post engaging in this research. Participants were asked to tick a consent form on the survey to indicate their informed consent prior to taking part in the study. BACP (2019) Ethical Guidelines for Researching the Counselling Professions were followed throughout the design, implementation, analysis and write-up of this research study.

Conflicts of Interest

The author declares no conflicts of interest.

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