

Religion and spirituality in therapeutic training in the UK: A survey of current and recent trainees

Jane Hunt (She/Her)

School of Social Sciences and Professions,
London Metropolitan University, London,
UK

Correspondence

Jane Hunt, School of Social Sciences
and Professions, London Metropolitan
University, 166–220 Holloway Road,
London NW 8DB, UK.

Email: j.hunt@londonmet.ac.uk

Funding information

Southlands Methodist Trust, the
University of Roehampton

Abstract

Background: Research indicates counsellors and psychotherapists receive little training around working with clients who present with religious or spiritual issues and feel unprepared to work with these clients.

Aims: This paper presents part of the findings from an online survey that aimed to explore how trainee and newly qualified counsellors and psychotherapists, who identify as religious or spiritual, experienced undertaking therapeutic training in the UK.

Method: This online survey collected data on how much training participants received on their courses in religion/spirituality, how this training was delivered, how satisfied they were with their training, their knowledge base and skills around religion/spirituality, and what areas relating to religion/spirituality participants would like to see incorporated into therapeutic training. The survey data were analysed using descriptive statistics and thematic analysis.

Results: Over half of the participants received no training in this area, with a further third receiving minimal input. Participants reported low satisfaction rates with training received unless integrated throughout their course and identified specific knowledge gaps around religious/spiritual literacy, therapeutic skills, and awareness of religion and mental health research. Participants wanted more input on religion/spirituality in the training syllabus to increase their knowledge base and therapeutic competences.

Conclusion: This research employed a non-randomised sample, which limits the generalisability of these findings to a wider training population. Survey participants were also a highly religious/spiritual group, with 87% indicating they engaged in weekly religious/spiritual practices. Participants identified as Christian and White, and reported receiving person-centred or integrative training.

KEYWORDS

competency, religion/spirituality (R/S), therapeutic training

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2024 The Author(s). *Counselling and Psychotherapy Research* published by John Wiley & Sons Ltd on behalf of British Association for Counselling and Psychotherapy.

1 | INTRODUCTION

This paper outlines part of the findings from a survey that explored how trainee and newly qualified counsellors and psychotherapists, who identify as religious or spiritual, experienced undertaking therapeutic training in the UK.

Systematic research over several decades into religion, spirituality and mental health indicates that religion and spirituality can increase mental distress but also alleviate it (Kao et al., 2020; Rosmarin & Leidl, 2020). Evidence suggests that those who identify as religious or spiritual have reduced rates of depression, suicidal ideation and substance misuse, as well as higher rates of self-esteem and life satisfaction, and better coping mechanism for dealing with mental or physical illness (Moreira-Almeida & Bhugra, 2021; Vieten & Lukoff, 2022). Nevertheless, research evidence indicates that forms of negative religious coping, such as shame, guilt and persecutory religious beliefs, can also trigger poor mental health for many individuals (Kao et al., 2020). Such findings have led psychotherapy researchers to argue that understanding the impact of religion and spirituality on mental health should therefore be considered a matter of public health (Rosmarin & Leidl, 2020).

This burgeoning research into the relationship between religion/spirituality and mental health has also resulted in an international call for mental health professionals in psychiatry (Cook, 2020; Dein, 2018), psychology (Vieten & Lukoff, 2022) and psychotherapy (Pargament, 2011; Rosmarin, 2018) to be trained to work in this area. Nevertheless, as things currently stand, it is noted in the literature that psychologists, psychiatrists, counsellors and psychotherapists tend to be less religious or spiritual than their clients (Bergin & Jensen, 1990; Delaney et al., 2007), have had little training in this area (Hage, 2006; Hofmann & Walach, 2011) and feel unprepared for working with clients presenting with religious or spiritual issues (Hofmann & Walach, 2011). As a result, what has been termed the 'religiosity gap' (Dein, 2018) has emerged between psychological practitioners (i.e. counsellors, psychotherapists, psychiatrists and psychologists) and their clients, where clients do not want to talk about religion or spirituality with their therapist due to fears of pathologisation (Worthington & Aten, 2009) and practitioners avoid discussing these issues due to a lack of training.

We know from a number of small-scale qualitative studies conducted with trainee counsellors and psychotherapists in the UK over the last two decades that there is a gap in training around religion and spirituality on therapeutic training courses (Abbey & Gubi, 2022; Christodoulidi, 2011; Hunt, 2019; Martinez & Baker, 2000; Swinton, 2016; Woodhouse & Hogan, 2019) and that trainees would like more input in this area. Further research that has focused specifically on trainees who identify as religious or spiritual indicates that these trainees do not speak much about religion and spirituality during their training programmes due to a fear of eliciting judgement from their peers and trainers (Hunt, 2019; Swinton, 2014, 2016). Moreover, these trainees tend to rely on their own religious or spiritual backgrounds, rather than any specific training, to work with clients presenting with religious or spiritual issues (Hunt, 2019).

Implications for Practice and Policy

- The absence of training on religion/spirituality in the therapeutic curriculum as indicated in the findings from this study does not reflect a full commitment to the spirit of the Equality Act (2010) or the educational standards laid down by professional bodies. Given the low satisfaction rates with training evidenced in these findings, further discussion at the policy level about what should be included on religion and spirituality in the curriculum, and how trainers are supported in delivering this training, is required.
- Trainees would like to be able to study courses that are more affirming of their spirituality or faith and which recognise that clients may also be religious or spiritual too.
- These findings point to specific gaps in trainees' knowledge base and skills, whether or not they have received training in this area, and therefore indicate the importance of religion/spirituality being included at key points across the training curriculum to fully equip them with the necessary knowledge base and skills to work competently with clients presenting with religious or spiritual issues in clinical settings. This study identifies that trainees would like more time on their programmes to explore their religious or spiritual beliefs and values and how these might impact their work with clients.

However, these UK qualitative studies rely on small numbers and it is therefore not possible to extrapolate from these findings to the wider population of training courses in the UK. We therefore do not know how widespread this lack of training might be for counsellors and psychotherapists across the UK. In addition, these studies do not elicit what therapists would find helpful in their training around religion and spirituality to address this apparent lacuna or how competent they feel to work with clients presenting with religious or spiritual issues without any specific training. Therefore, this study sought to explore the training participants received around working with clients presenting with religious or spiritual issues, the nature and duration of this training, how satisfied they were with their training and how competent they felt to work with this client group. Participants' views were elicited on areas they would like, if any, to see incorporated into their courses to equip them to work with the religious/spiritual client.

1.1 | Terminology

Within the UK, counsellors and psychotherapists offer a range of talking therapies underpinned by various psychological models, which emphasise specific ways of alleviating distress. The new SCoPED

framework (The Scope of Practice and Education Framework, ACC, 2022) that details the core training and competencies required to be a counsellor or psychotherapist, as outlined by six major professional therapeutic standards bodies within the UK, distinguishes between these roles based on the development of specific competencies (e.g. further diagnostic and mental health competencies for psychotherapists) and length of training (e.g. counsellors train for 2–3 years and psychotherapists for 4–5 years).

Religion and spirituality have been difficult concepts to define and operationalise for the purposes of empirical research (King et al., 2013). This lack of clarity has plagued researchers in the field of psychology of religion and mental health (King et al., 2013) and has, at times, cast a shadow over research outcomes. However, there appears to be more consensus amongst researchers when defining religion than spirituality. Religion is often perceived to be rooted in a set of communal beliefs, experiences and practices that denote the sacred, which can be experienced institutionally, socially or individually (Kao et al., 2020). In turn, spirituality within the confines of religious traditions is understood to be the engagement with devotional practices designed to foster a closer relationship with the divine (Oman, 2013).

By way of contrast, there is no widespread agreement on a definition for spirituality in the psychology of religion and mental health (King & Koenig, 2009; Monod et al., 2011) or the psychotherapeutic literature (Ross, 2016). Definitions of spirituality have included a search for the transcendence, belief in a higher power, connections with the universe or nature, altered states of consciousness or seeking meaning and purpose in life (Cook, 2020; Hunt, 2020; King et al., 2013). Spirituality has also been perceived as deeply personal and an individual quest that stands outside religious or institutional traditions (West, 2011), but nevertheless can still be rooted in communal and societal groups (Kao et al., 2020). The lack of clear definitions around the construct of spirituality has led some researchers to argue that it might be a useful term in clinical practice but is not necessarily useful for research purposes (Cook, 2020).

This lack of clarity needs to be related to the wider social and historical context of religion in the UK. Within Britain, participation in organised religion, as represented by mainstream Christian churches, has been continuing to decline since the 1960s (Curtice et al., 2019; UK Census 2021). This decline has led some sociologists to argue that Britain is becoming increasingly secular, whilst others argue that traditional religious institutions are being replaced by alternative forms of spiritual beliefs and practices (Woodhead, 2022). Despite declining participation in organised religion, many people continue to profess a belief in God or a higher power (Curtice et al., 2019), identify as religious (Office for National Statistics [ONS], 2022) or report spiritual beliefs or experiences of various kinds (Waite, 2022).

Recognising this lack of clarity around the use of religion and spirituality, and to ensure clearer definitions, some researchers have argued for a distinction to be made between those who identify as 'religious', 'religious and spiritual', 'spiritual but not religious' or 'neither spiritual nor religious' (Casey, 2009). For the purposes of this

study, I drew upon these four classifications and asked participants who self-identify as either religious, religious and spiritual, or spiritual to take part in this research.

2 | METHOD

2.1 | Research aims

This research project aimed to explore via an online survey how trainee and newly qualified counsellors and psychotherapists, who identify as religious or spiritual, experienced undertaking therapeutic training in the UK. Current trainees or recently qualified counsellors or psychotherapists were approached to provide a more recent picture of therapeutic training environments in the UK.

2.2 | Survey design

This online survey was divided into three parts. The first part sought to examine the relationship between participants' religion and/or spirituality and how this came to impact on their decision to train as a counsellor, the modality of their training, and their experience of applying for and being on a therapeutic training programme. The second part sought to explore any conflicts or synergies they experienced between their religion/spirituality and therapeutic theory and practice. The third part explored whether they had received any training on their programme in religion or spirituality, their knowledge base and skills around religion/spirituality, mental health and therapeutic practice, and how equipped they felt to work with clients presenting with religious/spiritual issues in therapy. This paper will outline the findings from the third part of this survey.

This online survey consisted of 53 questions and asked participants to comment on the following areas: the role of religion/spirituality in their choice to become a therapist; their choice of modality and training institute; their experience of disclosing faith or religious identities during the course application process; their experience of talking about religion/spirituality with peers, tutors, clinical supervisors and personal therapists; the training they received around religion and mental health; how equipped they felt to work with clients presenting with religious or spiritual issues, including areas of knowledge and competences; and any tensions or synergies they experienced between religion and their therapeutic training. Demographic data were also collected from participants, including information about their religious or spiritual identities and practices.

The survey questions that related to the nature and duration of their training focused on whether participants had received any training on how to work with clients presenting with religious or spiritual issues. If they indicated that they had received any training, they were then asked to comment on: how much training they had received; how this training was delivered; under which category on the syllabus their training was delivered; how helpful this training was in preparing them to work with clients presenting with religious

or spiritual issues; and how satisfied they were with the training they received. All participants were asked an open question about any areas regarding religion and spirituality they would like to see incorporated into counselling/psychotherapy training.

Additionally, in this section of the survey, participants were also asked several questions regarding their knowledge base and competence levels when working with the religious or spiritual client and whether they felt that their own religious or spiritual background had equipped them to work with clients in this area.

When designing this survey, I drew upon the findings of a previous small-scale study (Hunt, 2019) that I had conducted into how trainee counsellors, who identify as religious, experience undertaking therapeutic training, in which I had asked semi-structured interview questions about their faith and training experiences. The findings of this small-scale study pointed to participants receiving limited teaching input around religion/spirituality on their programmes and feeling that religion and spirituality was a neglected area in their course curriculum. Participants also talked about drawing upon their own religious/spiritual backgrounds to support their work in this area rather than from any formal training received on their course. I therefore wanted to explore whether the findings of this particular study had resonance with a larger group of trainees.

Prior to administering the survey, feedback was sought on the draft survey from an expert reference group consisting of academics and counsellors with specialism in the field of religion, spirituality and counselling and psychotherapy. This feedback helped to shape the final format of the questions included in this survey.

2.3 | Participant inclusion and recruitment

To participate in this study, participants were required to identify as either religious, religious and spiritual, or spiritual and be on a current British Association for Counselling and Psychotherapy (BACP), United Kingdom Council for Psychotherapy (UKCP) or British Psychoanalytic Council (BPC) training course or have graduated from one in the last 5 years. BACP, UKCP and BPC are the largest counselling/psychotherapy professional associations within the UK, and therefore, it was deemed appropriate to recruit participants from courses endorsed by these professional bodies. The sample was therefore a purposeful sample, and participants were recruited in the following ways: via letters sent out to all UKCP, BPC and BACP training courses; via research adverts posted on the accrediting bodies' research websites; through word of mouth and targeted social networking sites. The majority of participants who took part in this study are from BACP and UKCP courses, with a small number (3%, $n=3$) from BPC programmes.

2.4 | Data analysis

The survey responses consisted of 53 questions, and the numerical survey data were analysed using descriptive statistics. In this

paper, the numerical survey data will be presented with tables and charts illustrating frequency and percentages. An open question was included in the survey asking what participants would like to see incorporated into counselling/psychotherapy training or what they thought would benefit their training. The findings in this part of the survey were analysed using a content thematic analysis. Initial descriptive and then more implicit codes were identified in the participant responses. Five themes were identified in the data that were subsequently reduced to three themes after further analysis.

2.5 | Reflexivity

My motivations for carrying out this research project stem from my experience of being a person of faith, a therapist, an academic and trainer and working in therapeutic training environments in which religion or spirituality was frequently not part of the training curriculum. Additionally, as a trainer, I have witnessed students not speaking openly about their faith or spirituality and struggling with aspects of their religious/spiritual identities in relation to therapeutic theory and practice. In conducting this study, I therefore sought to gain a fuller picture of the experiences of trainees (who identify as religious or spiritual) and their training needs to work competently with clients presenting with religious or spiritual issues. I also hoped that these findings would come to inform clinical training in this area.

2.6 | Limitations

Most participants identified as religious and spiritual, Christian, White or White British and heterosexual and were either studying on a person-centred or integrative training programme and either a BACP or UKCP accredited or endorsed programme. Participants who took part in this study were a highly religious/spiritual group, with 81% ($n=96$) indicating that religion or spirituality was extremely important to them and 87% ($n=103$) engaging in weekly religious or spiritual practices. The findings of this survey are based upon a non-randomised sample and cannot be generalised to wider training environments. A wider cohort of participants may have yielded different findings.

3 | FINDINGS

3.1 | Sample demographics

Overall, there were 157 initial survey respondents, with 137 respondents eligible to take part. The findings outlined in this paper are based on 118 participants who completed all survey responses. The majority of participants described themselves as female/cis-female or woman (70%, $n=83$) or male/cis-male or man (16%, $n=19$), with some participants identifying as non-binary (3%, $n=3$), pansexual (1%, $n=1$) or queer (1%, $n=1$). A greater number of participants

were between the ages of 35 to 44 (24%, $n=28$), 45 to 54 (31%, $n=37$) or 55 to 64 (18%, $n=21$) years old.

Most participants identified as White British (49%, $n=58$), White (10%, $n=12$) or White Other (14%, $n=16$), with a smaller number of participants identifying as Black African British (1%, $n=1$), Black Caribbean (3%, $n=3$), British Asian (4%, $n=5$), White Scottish (3%, $n=3$), White Irish (2%, $n=2$) or White Welsh (2%, $n=2$). Sixty per cent (64%, $n=75$) of participants described themselves as heterosexual/straight, with some participants identifying as gay (6%, $n=7$), lesbian (2%, $n=2$), bisexual (5%, $n=6$), pansexual (3%, $n=4$), demi-sexual (2%, $n=2$) or heteroflexible (3%, $n=3$). Participants were able to self-identify their gender, sexuality and ethnicity on this survey and could choose not to answer any of these demographic questions.

3.2 | Religious or spiritual affiliations

All participants who took part in this study identified as either religious and spiritual (56%, $n=66$) or spiritual (37%, $n=44$), with fewer participants identifying as solely religious (7%, $n=8$). Participants were a highly religious or spiritual group, with 81% ($n=96$) indicating that religion/spirituality were extremely or very important in their life and 87% ($n=103$) engaging in weekly religious or spiritual practices, such as prayer or meditation, as well as 49% ($n=58$) attending weekly religious or spiritual worship, events or activities. The majority of participants identified as Christian (63%, $n=74$) or Buddhist (20%, $n=24$), with a number of participants (18%, $n=21$) reporting affiliation with more than one religious or spiritual tradition (Table 1).

3.3 | Training status and modality

In total, just over half of the participants were counselling or psychotherapy trainees (53%, $n=63$), with the remaining participants (47%, $n=55$) either being qualified counsellors (27%, $n=32$) or

psychotherapists (20%, $n=23$) who had completed their training in the last 5 years. Seventy two per cent of participants had either trained on a BACP-accredited or BPC-endorsed course (72%, $n=86$) or a UKCP (25%, $n=29$) or BPC (3%, $n=3$) training programme.

Most participants were on either a 2-year (15%, $n=18$), 3-year (29%, $n=34$), 4-year (20%, $n=24$) or 5-year (11%, $n=13$) part-time training programme. Fewer participants were on a 1-year (4%, $n=4$), 2-year (5%, $n=6$) or 3-year full-time (11%, $n=13$) training course. In all, 5% ($n=6$) of participants had trained for more than 5 years. Fifty-four per cent of participants were on a postgraduate training course (54%, $n=64$), with 46% ($n=54$) on an undergraduate degree or diploma level training programme. This pattern reflects the delivery of counselling and psychotherapy training programmes within the UK sector given that the majority of professional training courses are part-time training routes.

In terms of the modality of training, the majority of participants had previously completed or were currently studying on a person-centred (30%, $n=35$), integrative (33%, $n=40$), humanistic (14%, $n=16$) or psychodynamic (6%, $n=7$) training programme. The table below outlines the training or qualified status of each participant and the modality of their training (Figure 1).

3.4 | Training delivery

Of the 118 participants who took part in this study, 55% ($n=65$) of participants reported not receiving any training on religion and spirituality during their course, with 8% ($n=9$) being unsure whether they had received any training and 37% ($n=44$) of participants confirming that they had undertaken training. For the participants (37%, $n=44$) who received training, the length of the training varied between being integrated throughout the programme (44%, $n=19$), forming a full module (2%, $n=1$) or including several days of training (11%, $n=5$), to only consisting of one day's training (9%, $n=4$) or 1 or 2 h of direct training throughout the life of the course (34%, $n=15$).

In terms of where the training was located on the syllabus, for the participants who received training (37%, $n=44$), it was mostly liked to be delivered under diversity training (41%, $n=18$), part of personal development and awareness training (34%, $n=15$) or via generic theory lectures (27%, $n=12$). Training around religion and spirituality did not feature highly as part of the participants' skills training (18%, $n=8$), mental health training (7%, $n=3$) or research training (5%, $n=2$). Training was delivered in a variety of formats, from lectures (59%, $n=26$), PDP groups (55%, $n=24$), workshops (39%, $n=17$), seminars (34%, $n=15$), guided reading (45%, $n=20$) and other methods (16%, $n=7$) such as presentations and essays. The findings point to PDP groups, lectures, workshops and guided reading being the most popular form of delivery.

From the data set, there is no indication that the length of training (i.e. 2 rather than 5 years), level of training (i.e. undergraduate or postgraduate) or professional accreditation of the programme was a prevalent factor in whether or not training on religion or spirituality

TABLE 1 Participants' religious or spiritual affiliations.

Religious/spiritual affiliation	Response rate n (%)
Christianity	74 (63)
Buddhism	24 (20)
Paganism	14 (12)
New age	7 (6)
Islam	6 (5)
Judaism	4 (3)
Wicca	4 (3)
Hinduism	4 (3)
Spiritual (no tradition)	4 (3)
Humanism	2 (2)
Other	8 (7)

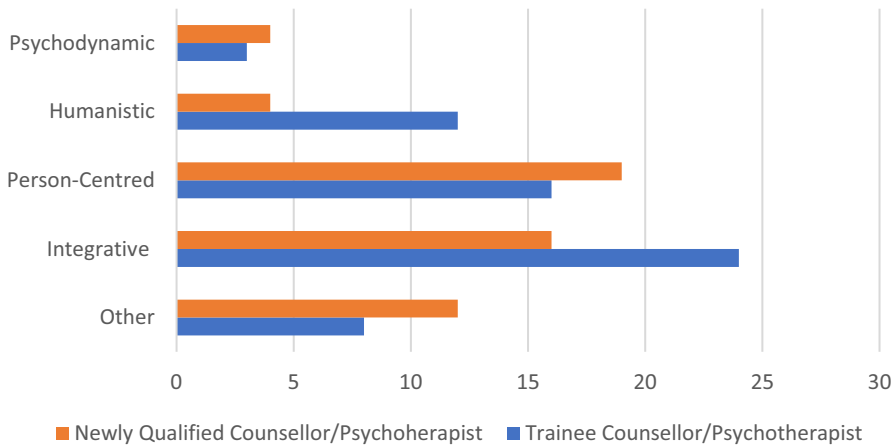


FIGURE 1 Participants' training status and modality.

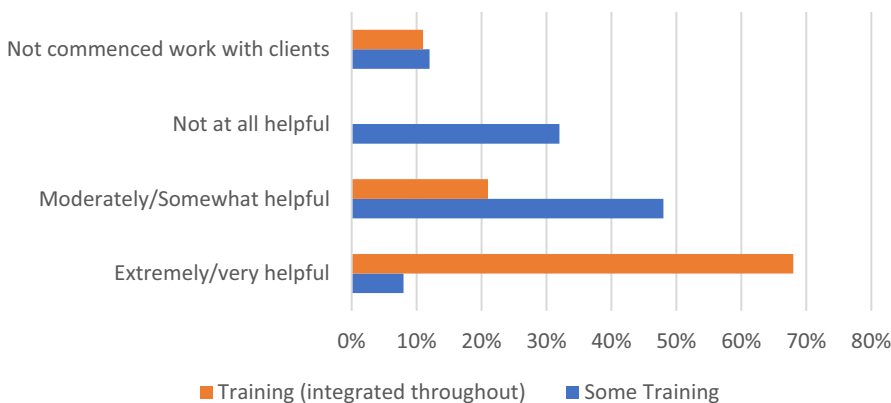


FIGURE 2 Helpfulness of training for working with clients presenting with religious or spiritual issues.

was delivered as part of the course. It is therefore not the case that courses which ran for longer included more training on religion and spirituality, if religion and spirituality were not integrated in the training as part of the course modality.

3.5 | Helpfulness of training and satisfaction rates

For the 25 (21%) participants who had received some form of training around religion and spirituality on their course (i.e. training was not integrated throughout their programme), only two (8%) of the participants found the training to be very or extremely helpful in preparing them for work with clients presenting with religious or spiritual issues, whilst 12 (48%) found it moderately or somewhat helpful and eight (32%) not at all helpful, with three (12%) participants not yet having started to work with clients.

By way of contrast, for those whose training around religion/spirituality was integrated throughout their course (16%, $n=19$), participants reported finding their training extremely or very helpful (68%, $n=13$) or moderately helpful (21%, $n=4$) in preparing them to work with clients. No participants in this grouping found their training unhelpful, but 11% ($n=2$) had not yet started to work with clients so were unable to comment on how useful they had found the training so far (Figure 2).

In terms of overall satisfaction rates regarding the training that participants in this study received on religion and spirituality, for

those who had received some training (21%, $n=25$), four participants (16%) were very or moderately satisfied with their training, whilst 24% ($n=6$) reported being slightly satisfied and the remaining participants being not satisfied (48%, $n=12$) or neither satisfied or unsatisfied (12%, $n=3$). This satisfaction rate rose significantly for those whose training was integrated throughout their programme, with 79% ($n=15$) being very or moderately satisfied with the training received in this area (Figure 3).

3.6 | Participants' knowledge base around religion and spirituality

All participants were asked to rate, on a 5-point Likert scale from extremely aware to not at all aware, their knowledge of the following areas: their awareness of research findings in the area of religion and mental health; their understanding of religious or spiritual traditions other than their own; their understanding of how religion or spirituality may impact on the mental well-being of clients; and their awareness of their own limitations when working with clients presenting with religious or spiritual issues in therapy.

Participants rated themselves as having a strong awareness of how religious or spiritual beliefs or practices may impact on the mental well-being of clients (extremely/very aware: 63%, $n=74$); how their own religious or spiritual views may impact on their work with clients (extremely/very aware 65%, $n=77$); and an awareness

(extremely/very: 60%, $n=71$) of their own limitations when working in this area. However, participants appeared to be less knowledgeable or aware of religious traditions other than their own (very/extremely aware 36%, $n=43$) or knowledge of research around religion and spirituality and mental health (extremely/very aware 13%, $n=15$; Figure 4).

For the participants who had undertaken some training (37%, $n=44$) in the area of religion/ spirituality, their awareness of the impact of how religious/spiritual beliefs can impact on the mental health of a client (training 98%, $n=43$; no training 85%, $n=55$) was slightly higher than those who had undertaken no training, as well as their awareness of how their own religious or spiritual beliefs could potentially impact on a client (training 95%, $n=42$; no training 89%, $n=58$) and awareness of their own limitations in this area (training 93%, $n=41$; no training 88%, $n=57$). However, undertaking training had a minimal impact on participants' knowledge of religious or spiritual traditions other than their own (training 89%, $n=39$; no training 88%, $n=57$).

A significant difference does appear in this data set regarding knowledge of religion and mental health. For participants who had undertaken training, their knowledge of research around religion/ spirituality and mental health was significantly higher than those

who had undertaken no training (training 59%, $n=26$; no training 34%, $n=22$; Figure 5).

3.7 | Participants' skills competency around areas of religion and spirituality

In this section of the survey, all participants were asked several questions about their skill level in terms of working with religion and spirituality in therapy. In all, 43% ($n=51$) of participants felt extremely or very confident about asking questions about religion and spirituality in initial assessments with clients and were extremely or very comfortable (58%, $n=68$) exploring religious or spiritual issues with clients. Participants also felt extremely or very comfortable (60%, $n=71$) supporting clients' healthy religious beliefs or practices, but were less confident (very or extremely: 25%, $n=30$) about challenging negative religious or spiritual practices (Figure 6).

For participants who had undertaken training (37%, $n=44$), there was an increase in their reported ability to ask questions about religion and spirituality in the assessment process (training 93%, $n=41$; no training 65%, $n=42$), and to explore religious and spiritual

FIGURE 3 Training satisfaction rates for participants who had received training.

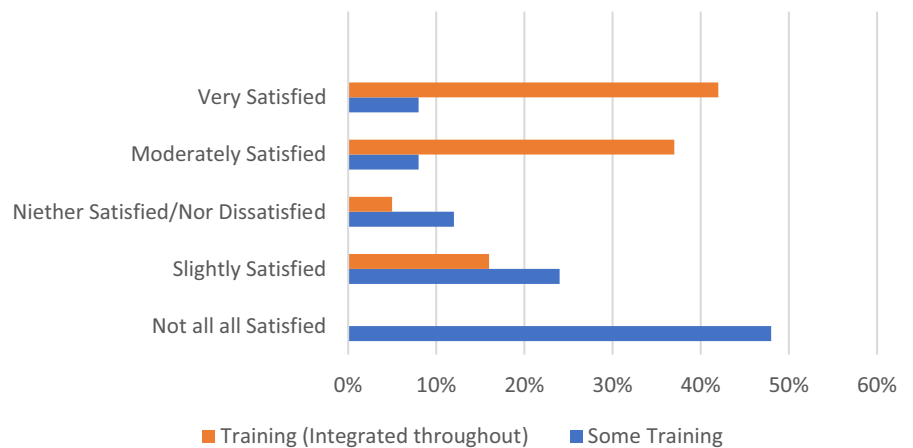
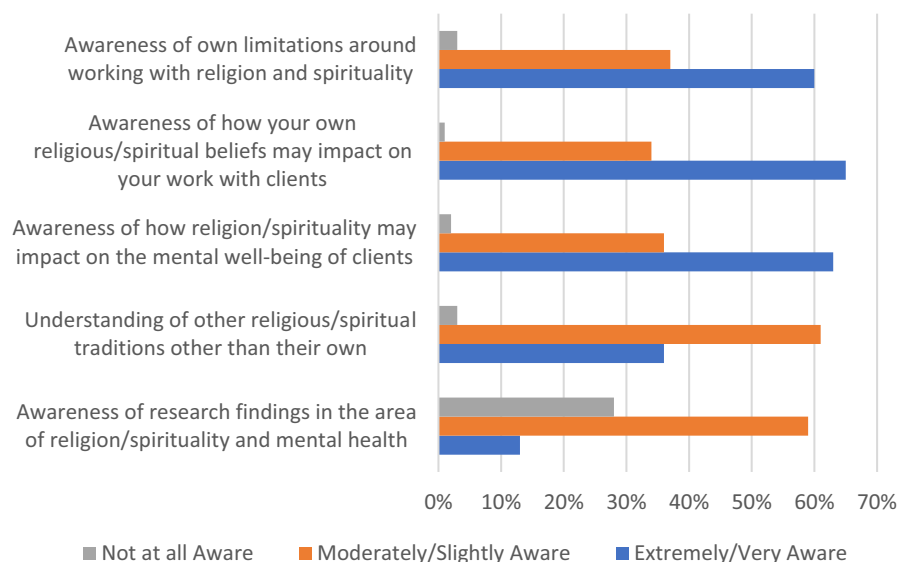


FIGURE 4 Participants' knowledge base around religion and spirituality.



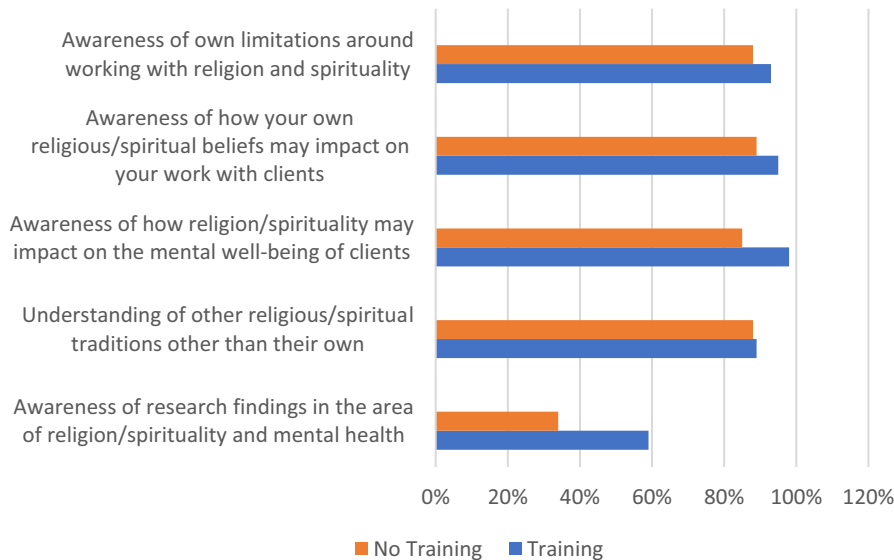


FIGURE 5 Participants' knowledge base around religion and spirituality with or without training (reports extremely/very aware responses).

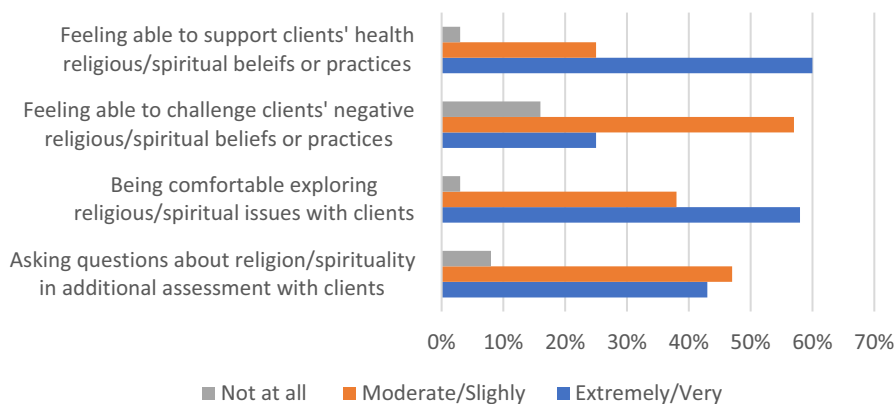


FIGURE 6 Participants' skills competency around working with religion and spirituality in therapy.

issues with clients (training 93%, $n=41$; no training 80%, $n=52$). For participants who had undertaken training, it was still difficult for them to challenge clients' negative religious or spiritual beliefs or practices (training 68%, $n=30$; no training 60%, $n=39$), but they reported more confidence in this area than those participants who had not undergone any training. In terms of supporting clients' healthy religious or spiritual beliefs, there was virtually no difference in participants' responses here due to the training they had undertaken (training 89%, $n=39$; no training 88%, $n=57$) compared with those who had undertaken no training (Figure 7).

All participants were asked whether they felt their religious or spiritual background had helped to equip them to work with clients presenting with religious or spiritual beliefs. Many participants reported that their own religious or spiritual background had helped them very much (34%, $n=40$) or moderately (40%, $n=47$) in their work with clients in this area.

3.8 | Qualitative findings

Participants were asked whether there were specific areas regarding religion and spirituality that they would like to see incorporated into

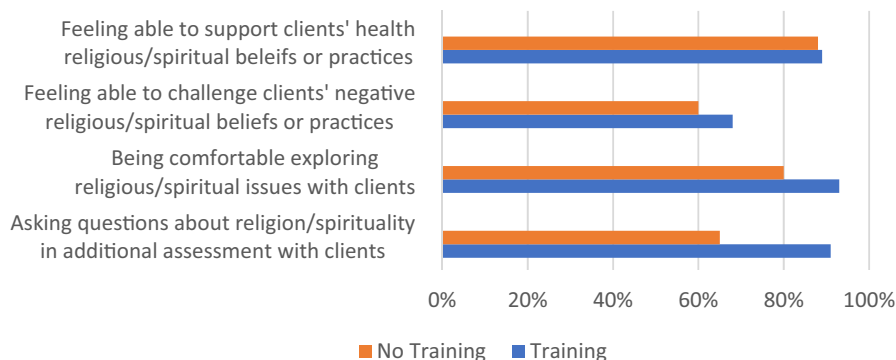
counselling/psychotherapy training. Of the 118 participants who completed this survey, 93 participants (79%) answered this open question. The themes identified from this part of the survey are outlined below.

3.8.1 | Theme 1: 'Anything Really': Seeking knowledge and competences in religion and spirituality

For many participants, religion and spirituality were not included or were peripheral to their training and, therefore, they reported any input around this topic would be welcome. The strength of feeling here was indicated by such comments as, 'Anything really the subject was totally ignored' (Participant 7), 'Some training, any training, would be good' (Participant 106) or 'Anything really. In my 4 years training we never touched this' (Participant 24).

Regarding specific training input, participants identified that they wanted training on religious cults, spiritual abuse, fundamentalism, managing spiritual emergencies, religious and spiritual trauma, and working with religious or spiritual traditions other than their own. However, more widely, they wanted training around religious and spiritual traditions and an understanding of how these might come to impact on a client's mental health and the therapeutic relationship: 'Some

FIGURE 7 Participants' skills competency around working with religion and spirituality in therapy with or without training (reports extremely/very aware responses).



basic background around different religious beliefs or spiritual values and how they may impact on mental health, to equip students with core skills in working with a variety of clients' (Participant 73).

Participants also wanted to know how to work with clients presenting with religious or spiritual issues and when they needed help and where to seek it from: 'I would have loved to have the opportunity to learn how I might work with clients who are religious or who wish to explore spiritual significance of their experiences. I am currently doing this with a client now but feel that I am running from my own intuition about what they may need rather than from any specific training in this area' (Participant 47).

3.8.2 | Theme 2: Beyond the secular: Valuing religion and spirituality in training

Participants in this study called for a training environment that recognises the importance and value of religion and spirituality in many clients' lives, as well as the lives of trainees: 'I think perhaps faith/spirituality just needs more attention or acknowledgement as being a valid path or avenue for exploration or lens through which one might see the world' (Participant 46).

An openness to the idea that trainees may have a faith, not to mention clients.

(Participant 89)

In addition, participants wanted training programmes to recognise how religion and spirituality can be life-enhancing rather than detrimental to clients' health and well-being: As Participant 74 argues, training could acknowledge that: 'faith can be a life affirming positive thing rather than restrictive and repressive'.

There was a greater sense for participants that religion or spirituality was only discussed if the religious or spiritual trainee addressed this area and the need for training in this area should not simply be based on the presence of a religious or spiritual trainee:

Discussion of religion/spirituality has been almost non-existent on my course and the discussion which has arisen has come about solely because of my presence as the only person of faith on the course. The

assumption seems to be that clients will be atheist/agnostic and have no need to talk about religion/spirituality at all. The simple acknowledgment that many people are religious/spiritual would be a good jumping off point!

(Participant 63)

3.8.3 | Theme 3: Challenging bias

In calling for a training environment that valued the input of religion and spirituality into the training, several participants talked about the bias they had experienced on their training and wanted a training environment which challenged bias against religion and spirituality. As Participant 37 states:

Unconscious biased training is needed for everything not just race etc. People are very biased towards faith. I have experienced this prejudice from my tutors and previous therapists. It's a huge issue.

As well as challenging the bias of tutors or therapists, it was also important that their peers were challenged to look at any bias or prejudice they held around religion or spirituality:

Training was confined to a weekend and was not really adequate. Group members with negative or inaccurate view about faith/clients who are faith based were not really challenged or engaged with, nor were students with a faith asked to engage with what that might mean for their practice

(Participant 1)

Related to the theme of challenging bias, there was an overall sense from participants of a desire for training to provide a reflexive space for them, and their peers, to explore and challenge their beliefs and experiences, which, in turn, they felt would benefit their practice:

Spirituality and religious counselling research papers were recommended within the training session.

However, I felt we could have had a session separately when students could have shared more of their own personal spiritual experiences and views to give them an opportunity to talk about their faith or lack of it and maybe be challenged by others. In this way we could have practiced how it is like to explore the religious aspects with a client

(Participant 45)

4 | DISCUSSION

Previous studies have suggested that psychological practitioners (i.e. counsellors, psychotherapists and psychologists) tend to feel ill-equipped to work with clients presenting with religious or spiritual issues and want further training (Hofmann & Walach, 2011; Vieten & Lukoff, 2022) to work competently in this area. This is a serious omission. Religion and belief are protected characteristics in UK law under the Equality Act (UK Government, 2010), and, therefore, individuals cannot be discriminated against on the grounds of religious/spiritual faith or belief. Some professional body training standards within the UK require training programmes to pay particular attention to the UK Equality Act (see UKCP Standards of Education and Training, 2019) as a benchmark for providing good quality training around diversity. The SCoPEd framework (ACC, 2022), which details the core training and competencies required to be a counsellor or psychotherapist in the UK, requires counsellors and psychotherapists to be able to recognise how their own identity, culture and world view (religion and spirituality are included in this category) impacts on their work with clients.

However, more than half of the participants in this study did not receive any input during their course on religion and spirituality, with a further third receiving very minimal input. These findings support the results of previous studies that report a widespread gap in training around religion and spirituality on UK therapeutic programmes (Abbey & Gubi, 2022; Hunt, 2019; Jafari, 2016; Swinton, 2014, 2016; Woodhouse & Hogan, 2019).

There is no indication in the findings that the length of training, level of training (i.e. undergraduate or postgraduate) or professional accreditation of the programme is a significant factor in whether religion or spirituality are part of a training course syllabus. Courses that have a longer duration (e.g. psychotherapy trainings) and an extensive syllabus are not necessarily providing more training in this area. In the current training climate, as programmes seek to pay more attention to EDI issues in the curriculum, and as religion/spirituality are increasingly being recognised as areas of cultural diversity (Vieten & Lukoff, 2022), integral to racial and ethnic identities (Magaldi-Dopman et al., 2011), the absence of training on religion does not reflect a full commitment to the UK Equality Act, or to the educational standards and aspirations as laid down by UK professional bodies themselves.

Participants in this study were not asked directly why they thought religion or spirituality was not being offered as part of their training programme. Nevertheless, their open responses to what they would

like to see in their training indicated their belief in the persistence of bias on training courses, and the lack of value given to the religious/spiritual worldviews of trainees and clients. These findings support earlier perceptions in the UK research literature that religion/spirituality training is absent due to the anti-religious nature of therapeutic training (West, 2011), or because religion/spirituality is considered irrelevant (Jafari, 2016) in a secular western context. Further research with course teams is required to understand the reasons that underpin a lack of training around religion/spirituality on therapeutic training programmes and the low satisfaction rates outlined in this study.

Participants in this study were selected on the basis of their religious or spiritual identities. Even though most participants had received no or little training on religion, they nevertheless reported feeling competent to work with clients presenting with religious/spiritual issues. As indicated in previous research with counselling trainees in the UK (Hunt, 2019), the strength of participants' knowledge and skills around religion and spirituality is therefore largely a result of their own religious or spiritual backgrounds, rather than because of any training undertaken. In all, 74% of participants in this study indicated that their own religious or spiritual background had helped them work within this area.

Whilst on the surface drawing upon one's religious/spiritual background to support work with religious/spiritual clients might appear valuable for the trainee, trainees also need to be aware of the potential pitfalls here. For example, research has shown that counsellors or psychotherapists' religious or political views can positively influence their therapeutic work with clients (Blair, 2015; Magaldi-Dopman et al., 2011) but they can also result in practitioners pathologising clients whose belief systems are different from their own (O'Connor & Vandenberg, 2005, cited in Post & Wade, 2009). Therefore, for courses not to offer sustained space for all trainees, whether religious, spiritual or neither, to reflect upon and explore religious or spiritual views during therapeutic trainings could in fact cause harm to clients (Magaldi-Dopman et al., 2011) and be out of step with UK professional body training requirements. In addition, if the religious/spiritual trainee relies on their own religious/spiritual background to equip them to work in this area, what does it mean for the non-religious/spiritual trainee? How do they equip themselves to work in this field?

In the UK, there has been a call for more training around religion/spirituality to be placed into the therapeutic curriculum, but we have not known what this training should look like or what exactly it should involve (Hunt, 2019). Participants in this study identified several gaps in their knowledge around mental health, research and skills. These specific gaps were religious/spiritual literacy beyond their own tradition, a knowledge of religion and mental health research literature, and more skills to work with clients presenting with negative religious/spiritual religious beliefs or practices. These gaps are not surprising given that participants reported that, in terms of where training was located on the syllabus, it did not feature highly as part of the participants' skills training, mental health training or research training. These findings were true even for those participants who had experienced more training on religion and spirituality in their programme.

This study also goes some way in identifying what trainees themselves say they would find helpful to be included in their training. Participants reported wanting greater religious/spiritual literacy, and more practical skills for working with clients presenting with religious or spiritual issue. They also wanted to train in an unbiased and more accepting training environment that recognised both trainees and clients can be religious or spiritual, and in which they can explore their religious and spiritual views, and consider the potential impact of these on their practice. However, these findings are based on participants who identify as religious or spiritual and we do not know how the training needs might be different for trainees who do not identify with or come from a particular religious or spiritual perspective or background.

In terms of how such content on religion should be delivered, even when participants had received some training around religion/spirituality, satisfaction rates were low unless this training had been integrated throughout their programme, as was the case for participants on psychosynthesis, Jungian or other courses underpinned by a specific religious or spiritual tradition. This low satisfaction rate may be due to training not being at the right frequency, depth or standard, and trainers not being fully qualified or equipped to deliver training in this area. Nevertheless, participants who had undertaken training in which religion and spirituality were integrated into their training still reported areas where they felt they lacked specific knowledge.

This study therefore suggests that teaching on religion and spirituality needs to be incorporated at a number of points throughout the curriculum rather than being dealt with as a single stand-alone issue. Religion and spirituality need to be addressed in personal development groups, diversity training, and skill practice, as well as in theoretical, mental health and research elements of the courses.

5 | CONCLUSION

The findings of this study provide a snapshot of how training around religion/spirituality is being delivered in the UK from the perspective of trainees who identify as religious or spiritual. In summary, the findings confirm earlier research that indicates there is little input on counselling and psychotherapy training programmes within the UK around religion and spirituality, and that trainees would like more input in this area. Participants in this study wanted to be able to train in an affirming environment that values religion/spirituality and provides them with an opportunity to expand their knowledge base and skills to work with this client group. Participants in this study do not enter training courses with a lack of knowledge round religion and spirituality, but they do seek more knowledge and, importantly, reflexive spaces to consider how their own faith or spirituality might interact with that of a client's religious/spiritual worldview. More research is required with trainers, course teams and professional bodies to identify why religion/spirituality is not being put on the agenda of training courses; what the training needs are for all trainees whether religious, spiritual or neither; and the potential barriers for delivering high-quality training in this area.

In the light of the findings outlined in this paper, the ongoing challenge for therapeutic training course teams, trainers and professional bodies, is how we equip trainees with the required knowledge and skills to work competently with clients presenting with religious/spiritual issues to ensure that this underrepresented client group receives good standards of clinical care.

FUNDING INFORMATION

This work was supported by the Southlands Methodist Trust, the University of Roehampton.

CONFLICT OF INTEREST STATEMENT

There are no known conflicts for the author in either conducting this research project or in the writing or submission of this article.

ETHICS STATEMENT

This research was conducted in accordance with the values and protocols outlined in the BACP (2019) Ethical Guidelines for Research in the Counselling Professions. Prior to taking part in this study, all participants were provided with information about the purpose of the survey, a data privacy notice with information about how their data would be protected, and information about any potential distress that might occur as a result of taking part in this study, with access to potential follow up support. Informed consent was gained by requiring all participants to complete a consent form prior to taking part in the survey. Ethics approval for this study was granted by Metanoia Institute's Ethics Committee.

REFERENCES

- Abbey, P., & Gubi, P. (2022). An exploration of how trainee counsellors, who have a Christian faith, experience the impact of person-centered counselor training on their faith. *Person-Centered & Experiential Psychotherapies*, 21(4), 331–348. <https://doi.org/10.1080/14779757.2022.2028663>
- Association of Christian Counsellors (ACC), the British Association for Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC), the Human Givens Institute (HGI), the National Counselling Society (NCS) and the United Kingdom Council for Psychotherapy (UKCP). (2022). The SCoPEd Framework. <https://www.bacp.co.uk/media/14435/scoped-framework-january-2022.pdf>
- BACP. (2019). *Ethical guidelines for research in the counselling professions*. BACP House.
- Bergin, A. E., & Jensen, J. P. (1990). Religiosity of psychotherapists: A national survey. *Psychotherapy*, 27, 3–7. <https://doi.org/10.1037/0033-3204.27.1.3>
- Blair, L. J. (2015). The influence of therapists' spirituality on their practice: A grounded theory exploration. *Counselling and Psychotherapy Research Journal*, 15(3), 161–170. <https://doi.org/10.1002/capr.12015>
- Casey, P. (2009). Religion and spirituality: A necessary distinction? Royal College of Psychiatrists Publication Archives. <http://www.rcpsych.ac.uk/workinpsychiatry/specialinterestgroups/spirituality/publicationsarchive>
- Christodoulidi, F. (2011). Counselling, spirituality and culture. In W. West (Ed.), *Exploring therapy, spirituality and healing* (pp. 91–108). Palgrave Macmillan.
- Cook, C. C. H. (2020). Spirituality, religion & mental health: Exploring the boundaries. *Mental Health, Religion and Culture*, 23(5), 363–374. <https://doi.org/10.1080/13674676.2020.1774525>

- Curtice, J., Clery, E., Perry, J., Phillips, M., & Rahim, N. (Eds.). (2019). *British social attitudes: The 36th report*. The National Centre for Social Research.
- Dein, S. (2018). Against the stream: Religion and mental health – The case for the inclusion of religion and spirituality into psychiatric care. *BJPsych Bulletin*, 42, 127–129. <https://doi.org/10.1192/bjb.2017.13>
- Delaney, H. D., Miller, W. R., & Bisono, A. M. (2007). Religiosity and spirituality among psychologists: A survey of clinician members of the American psychological association. *Professional Psychology: Research and Practice*, 38, 538–546. <https://doi.org/10.1037/0735-7028.38.5.538>
- Hage, S. M. (2006). A closer look at the role of spirituality in psychology training programs. *Professional Psychology: Research and Practice*, 37(3), 303–310. <https://doi.org/10.1037/0735-7028.37.3.303>
- Hofmann, L., & Walach, H. (2011). Spirituality and religiosity in psychotherapy – A representative survey among German psychotherapists. *Psychotherapy Research*, 21(2), 179–192. <https://doi.org/10.1080/10503307.2010.536595>
- Hunt, J. (2019). An exploration of how trainee counsellors who are practising believers of a world religion or faith tradition experience undertaking counsellor training. *British Journal of Guidance and Counselling*, *British Journal of Guidance and Counselling*, 47(4), 420–431. <https://doi.org/10.1080/03069885.2018.1436690>
- Hunt, J. (2020). Spiritual, but not religious? Researching religion, spirituality and mental health. Thresholds.
- Jafari, S. (2016). Religion and spirituality within counselling/clinical psychology training programmes: A systematic review. *British Journal of Guidance and Counselling*, 44(3), 257–267. <https://doi.org/10.1080/03069885.2016.1153038>
- Kao, L. E., Petee, J. R., & Cook, C. C. H. (2020). Spirituality and mental health. *Journal for the Study of Spirituality*, 10(1), 42–54. <https://doi.org/10.1080/20440243.2020.1726048>
- King, M., Marston, L., McManus, S., Brugha, T., & Meltzer, H. (2013). Religion, spirituality and mental health: Results from a National Study of English households. *The British Journal of Psychiatry*, 202, 68–73. <https://doi.org/10.1192/bjp.bp.112.112003>
- King, M. B., & Koenig, H. G. (2009). Conceptualising spirituality for medical research and health service provision. *BMC Health Services Research*, 9(116), 1–7. <https://doi.org/10.1186/1472-6963-9-1>
- Magaldi-Dopman, D., Park-Taylor, J., & Ponterotto, J. G. (2011). Psychotherapists' spiritual, religious, atheist or agnostic identity and their practice of psychotherapy: A grounded theory study. *Psychotherapy Research*, May 2011, 21(3), 286–303. <https://doi.org/10.1080/10503307.2011.565488>
- Martinez, S., & Baker, M. (2000). Psychodynamic and religious? Religiously committed psychodynamic counsellors, in training and practice. *Counselling Psychology Quarterly*, 13(3), 259–264. <https://doi.org/10.1080/09515070010027607>
- Monod, S., Brennan, M., Roach, E., Martin, E., Roach, S., & Bula, C. J. (2011). Instruments measuring spirituality in clinical research: A systematic review. *Journal of General Internal Medicine*, 26(11), 1345–1357. <https://doi.org/10.1007/s11606-011-1769-7>
- Moreira-Almeida, A., & Bhugra, D. (2021). Religion, spirituality, and mental health: Setting the scene. In *Spirituality and mental health across cultures* (pp. 11–26). Oxford University Press. <https://doi.org/10.1093/med/9780198846833.003.0002>
- Office for National Statistics (ONS). (2022). Religion, England and Wales: Census 2021. Retrieved July 28, 2024, from <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/bulletins/religionenglandandwales/census2021>
- Oman, D. (2013). Defining religion and spirituality. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of psychology of religion and spirituality* (2nd ed., pp. 23–47). Guilford Press.
- Pargament, K. I. (2011). *Spirituality integrated psychotherapy: Understanding and addressing the sacred*. Guildford Press.
- Post, C. B., & Wade, N. G. (2009). Religion and spirituality in psychotherapy: A practice friendly review. *Journal of Clinical Psychology*, 65(2), 131–146. <https://doi.org/10.1002/jclp.20563>
- Rosmarin, D. H. (2018). *Spirituality, religion, and cognitive-behavioural therapy: A guide for clinicians*. Guilford Press.
- Rosmarin, D. H., & Leidl, B. (2020). Spirituality, religion, and anxiety disorders. In D. Rosmarin & H. Koenig (Eds.), *Handbook of spirituality, religion and mental health* (pp. 41–60). Academic Press.
- Ross, A. (2016). Identifying the categories of spiritual experience encountered by therapists in their clinical work. *British Journal of Guidance and Counselling*, 44(3), 316–324. <https://doi.org/10.1080/03069885.2016.1145192>
- Swinton, V. (2014). The spiritual in counsellor training. In G. Nolan & W. West (Eds.), *Therapy, culture and spirituality* (pp. 159–174). Palgrave Macmillan.
- Swinton, V. (2016). Research to develop spiritual pedagogy, awareness and change. *British Journal of Guidance and Counselling*, 44(3), 268–276. <https://doi.org/10.1080/03069885.2016.1174976>
- UK Government. (2010). Equality Act. Retrieved June 14, 2024, from <https://www.gov.uk/guidance/equality-act-2010-guidance>
- UKCP Standards of Education and Training. (2019). *The minimum Core criteria psychotherapeutic counselling with adults*. UKCP.
- Vieten, C., & Lukoff, D. (2022). Spiritual and religious competencies in psychology. *American Psychologist*, 77(1), 26–38. <https://doi.org/10.1037/amp0000821>
- Waite, H. (2022). *The nones: Who are they and what do they believe*. Theos.
- West, W. (2011). *Exploring therapy, spirituality and healing*. Palgrave Macmillan.
- Woodhead, L. (2022). The god of modern spirituality. In B. Steensland, J. Kucinkas, & A. Sun (Eds.), *Situating spirituality: Context, practice and power* (pp. 49–71) (pp. 49–71). Oxford University Press.
- Woodhouse, R., & Hogan, K. F. (2019). “Out on the edge of my comfort”: Trainee counsellor/psychotherapists' experiences of spirituality in therapy—A qualitative exploration. *Counselling and Psychotherapy Research*, 20(1), 173–181. <https://doi.org/10.1002/capr.12264>
- Worthington, E. L., & Aten, J. D. (2009). Psychotherapy with religious and spiritual clients: An introduction. *Journal of Clinical Psychology*, 69, 1–8. <https://doi.org/10.1002/jclp.20561>

AUTHOR BIOGRAPHY

Dr Jane Hunt is a senior lecturer in counselling at London Metropolitan University and the Course Lead for the MSc Counselling and Psychotherapy training programme. Dr Hunt's research interests are in the areas of religion/spirituality and therapeutic theory and practice, psychology of religion, and the dialogue between psychoanalytic theory and theological concepts.

How to cite this article: Hunt, J. (2024). Religion and spirituality in therapeutic training in the UK: A survey of current and recent trainees. *Counselling and Psychotherapy Research*, 00, 1–12. <https://doi.org/10.1002/capr.12807>